



New York State
Housing Trust Fund Corporation

NYS CDBG Program
Project #

ACH/DIRECT DEPOSIT AUTHORIZATION

Instructions:

- Type all requested information, handwritten forms will not be accepted.

PART 1: Payee Identification

Payee Name			
Payee Email Address		Payee Phone Number (with area code)	
Street Address	City	State	Zip Code

WARNING: Federal law prohibits HTFC from processing international ACH transactions (IAT). If any payment to you from HTFC will result in an IAT under National Automated Clearing House Association's operating rules or if you are unsure if the rules apply to you, **DO NOT COMPLETE THIS FORM.**

Please initial in the box to the right to indicate you have read the above warning.

If you fail to initial here, direct deposit will not be approved.

PART 2: Financial Institution Information

Name of Financial Institution	Account Number										
Name on Account	Account Type <input type="checkbox"/> Individual/Consumer <input type="checkbox"/> Commercial (Corporation, Partnership, etc.)										
Nine Digit Routing Number <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											

PART 3: Authorization

I authorize HTFC to deposit payments by electronic funds transfer (ACH) into the above referenced account. I acknowledge that if I fail to provide complete and accurate information on the authorization form, processing of this form and payments may be delayed.

Authorized Signatory	Date
Printed Name	Title