



New York State
Housing Trust Fund Corporation

.....Program
Project or SHARS #

ACH/DIRECT DEPOSIT AUTHORIZATION

Instructions:

- Type all requested information, hand written forms will not be accepted.
- Attach a voided or canceled check with the recipient organization name imprinted to verify account ownership.

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 | Title | Date |
|----------------------|-------|------|