New York State
Housing Trust Fund Corporation

Program Name _____

SHARS ID/Contract # _____

ACH/DIRECT DEPOSIT AUTHORIZATION

NOTE: Please type or clearly print all requested information

PART 1: Payee Identification

Payee Name	Payee Type ☐ Owner ☐ Property Manager/Agent		
Payee Email Address	Payee Phone Number (with area code) Type ☐ Work ☐ Home		
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 the 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 ☐ Individual/Consumer ☐ Commercial (Corporation, Partnership, etc.)

Nine Digit Routing Number

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 this authorization form, processing of this form and payments may be delayed.

This authorization will remain in effect until written notice to terminate is received.

Authorized Signatory	Title	Date