

TEAM KY EVICTION DIVERSION PROGRAM (KY-EDP)
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)

All Landlords must complete this form.

Name on Account: _____
(Name should agree with landlord/owner name (individual, partnership or corporation) in your application.)

Tax ID Number: _____ *(SSN for individuals, TIN/EIN for partnerships/corporations; Number should agree with number on file with bank & your application.)*

Address: _____

City, State, Zip: _____

Phone _____

Email Address: _____

Bank Account Number: _____ Bank Routing Number: _____

Type of Account: Checking Savings

AUTHORIZATION: I (we) hereby authorize Kentucky Housing Corporation (KHC) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) designated account. By acceptance of funds through direct deposit, the owner certifies to the best of his/her knowledge the deposit amount is in accordance with the provisions of assistance program to which I and/or my tenant have applied; and all other facts and data on which this amount is based are true and correct.

Anyone submitting fraudulent information is subject to fine or imprisonment. Title 18 U.S.C. 1001.

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

Attach a scanned/photocopied VOIDED CHECK from this account.
KHC cannot process your payment without this.

If the account number or banking institution information changes,
it is the responsibility of the owner to inform KHC of this change
at least 30 days prior to payment date.

For Office Use Only: Verification of Information

1st Reviewer: Print Initials: _____ Signed Initials: _____ Date: _____

2nd Reviewer: Print Initials: _____ Signed Initials: _____ Date: _____