



**CVR New York
DIRECT DEPOSIT AUTHORIZATION FORM**

Part 1: Transaction Type

New Setup Cancellation (Leave Part 4 Blank) Change Account Type Change Financial Institution Change Account Number

Part 2: Payee Identification

| | | | |
|---|--|--|--|
| Owner/Company Tax ID (Social Security No. or Employer Identification No.) | | Primary Phone Number | |
| Fax Number | | Secondary Phone Number | |
| Name of Payee | | | |
| Contact name | | | |
| Street Address | | | |
| Payee Email | | <input type="checkbox"/> Owner <input type="checkbox"/> Property Manager/Agent | |

Part 3: Authorization for Setup, Changes, or Cancellation

I hereby request and authorize CVR New York to deposit payments by electronic funds transfer into the account specified below, and if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically.

This authorization will remain in effect until written notice to terminate is received. The undersigned must allow reasonable amount of time for initiating or terminating direct deposit and is responsible for notification of any change in financial institution information.

| Authorized Signature | Title | Date |
|-----------------------------|--------------|-------------|
| | | |

Part 4: Required Information

| | | |
|------------------------------|--|--|
| Financial Institution | | <input type="checkbox"/> Individual/Consumer <input type="checkbox"/> Commercial (Corporation/Partnership/etc.) |
| Account Name | | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| Bank Routing Number | | |
| Account Number | | |

Payment remittances can be viewed at: <https://apps.hcr.ny.gov/Section8Payments/default.aspx>

This form must be submitted with a voided check to process your change in payment method.
Please submit by fax at 914-920-3061, email at info@cvrnewyork.com, by mail or drop off at the below office address.

CVR New York
Attn: Community Relations Coordinator
112 East Post Road, Suite 102
White Plains, NY 10601

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www.cvrnewyork.com • 914.995.2415