



DIRECT DEPOSIT AUTHORIZATION

Please complete and return this form with a voided check by email to info@cvrnewyork.com, by fax to 914-920-3061, or by mail to:

CVR New York

Attn: Community Relations Coordinator

112 East Post Road, Suite 102

White Plains, NY 10601

Please make sure that all information on this form is legible.

Part 1: Transaction Type

New Setup	Cancellation (Leave Part 4 Blank)	Change Account Type	Change Financial Institution	Change Account Number
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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		Owner	Property Manager/Agent

Part 3: Authorization for Setup, Changes, or Cancellation

I hereby request and authorize the New York State Housing Trust Fund Corporation 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		Individual/Consumer Commercial (Corporation/Partnership/etc.)
Account Name		Checking Savings
Bank Routing Number		
Account Number		

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

Please include a voided check with this form.

112 East Post Road • Suite 102 • White Plains, NY 10601

www.cvrnewyork.com • 914.995.2415