



Housing & Redevelopment Authority of Virginia, Minnesota

Rental Assistance Programs Electronic Deposit Authorization

I hereby authorize the Housing and Redevelopment Authority of Virginia Minnesota to initiate deposits (credits) and/or corrections to the previous credits to the financial institution indicated. The financial institution is authorized to credit and /or correct the amounts to my account. This authority will remain in full force and effect until I terminate my Housing Assistance Payments (HAP) contracts with the VAHRA.

Payee: _____
(Name on current HAP Check)

Financial Institution: _____
(Name of Bank, Credit Union, etc.)

Checking Account Savings Account

Bank ABA Number: _____

Account Number: _____

Contact Name: (owner, manager) _____

Contact Phone#: _____

Email Address: _____

(Required)

Tenant Name: _____

Unit Address: _____

(For Verification, please provide on unit address)

Signed: _____
(Owner or Authorized Representative)

Date: _____

Please attach a voided check or deposit Slip to verify your account #'s

P.O. Box 1146 | 442 Pine Mill Court | Virginia, MN 55792
(218) 741-2610 | (218) 748-7067 Fax |

