



**GEORGIA DEPARTMENT
of COMMUNITY AFFAIRS**

**DIRECT DEPOSIT INFORMATION
HOUSING CHOICE VOUCHER - HOUSING ASSISTANCE PAYMENTS**

Name of Account Folder: _____
(Must Match W-9)

Mailing Address: _____

Telephone Number: _____

Email Address: _____

Type of Account: _____ Checking _____ Savings

Bank Routing Number:

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Depositor Account Number: _____

Name of Financial Institution: _____

I confirm the identify of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.

Print Name of Bank Representative: _____

Signature of Bank Representative: _____

