



CLEARWATER HOUSING
A U T H O R I T Y

TERMS AND CONDITIONS FOR DIRECT DEPOSIT PARTICIPATION

If you are a person with disabilities and require a reasonable accommodation to complete this form, please contact our office at (727) 461-5777, TTY: 800-955-8771.

In an effort to continue streamlining processes for the Housing Choice Voucher (HCV) Program, Clearwater Housing Authority (CHA) is converting Housing Assistance Payments (HAP) to owners, landlords, and Public Housing Authorities (PHAs) from paper checks to Direct Deposit, effective **December 1, 2013**. This conversion will allow for HAP to be deposited directly to a financial institution and account of your choosing. *Please read carefully the following terms and conditions:*

Mandatory Participation

Any owner, landlord or PHA, hereinafter called the "Payee," who receives HAP from CHA is required to enroll in Direct Deposit no later than **October 15, 2013**. Issuance of paper checks will be discontinued for any payments occurring on or after December 1, 2013. HAP for any Payee who is not successfully set up for Direct Deposit by this time will be suspended until the Direct Deposit Authorization Form is completed and the account is tested to ensure the accuracy of the deposit.

HMS PAL™

HMS Payment Access for Landlords (PAL)™ is an online database where Payees can access information regarding monthly HAP including: itemization of current payments; an eighteen (18) month payment history and; year-to-date totals. **The HMS PAL™ system will be used to facilitate CHA's conversion to Direct Deposit and can be located at <https://www.hmsforweb.com/pal/login.php>. All Payees are required to register with an active email address no later than **October 15, 2013**.** HAP for any Payee who is not successfully set up with HMS PAL™ by this time will be suspended until the registration is completed.

Financial Institution Information and Certification

The Payee must complete the Direct Deposit Authorization Form provided by CHA and designate the Financial Institution, hereinafter called the "Depository," and provide the account information. The account must be either a "checking" or "savings," and must be designated as an individual account only. The account holder name and account number provided on the form must correspond exactly to the records of the Depository.

Changes to the Direct Deposit Information

The Payee may make changes to the Direct Deposit information, including the name of the Depository, account number or account type. In order to do so, the Payee must notify CHA, in writing, no less than forty-five (45) days prior to the payment date. Any changes to the Direct Deposit information will cause the original authorization to be inactive and a new Direct Deposit Authorization Form must be completed. It is recommended that the Payee maintain the previously authorized account until the new account is tested to ensure the accuracy of the deposit.

Cancellation

Authorization provided to CHA by the Payee for Direct Deposit will remain in effect until CHA has received written notification from the Payee of its termination in such time and in such manner as to afford CHA and the Depository a reasonable opportunity to act upon it or until cancellation is provided by the Depository or CHA. Upon cancellation by the Payee, including account closure, the issuance of HAP by CHA will be suspended until a new Direct Deposit Authorization Form is completed. CHA reserves the right to discontinue Direct Deposit at any time. The Payee will be notified by CHA, in writing, no less than thirty (30) days prior to the cancellation date. However, any of the above listed parties may immediately cancel the Direct Deposit for reasons of fraud. Payee also acknowledges that, if any action taken by the Payee results in non-acceptance of a direct deposit by the designated Depository, CHA assumes no responsibility for processing a supplemental payment until the amount of the non-acceptance deposit is returned to CHA by the Depository and that Payee may incur fees and/or other penalties payable to CHA.

Protection of Confidential Information

In the interest of protecting any and all confidential information of the Payee including: account names; account numbers and; tax identification numbers, CHA will maintain this information in a secured area and will not be disclosed to any outside parties unless otherwise required by State or Federal law. The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Practices Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Information requested on the Direct Deposit Authorization Form is used by the HCV Program for the purposes of identification and enrollment processing. Failure to provide the mandatory information may result in the enrollment action not being processed or processed incorrectly. Violations of any privacy rights of Owners and Management Agents or any law by an employee or agent of CHA will result in penalties and fines.

False Statements and Claims or Fraudulent Information

By acceptance of HAP through Direct Deposit, the Payee certifies that to the best of his/her knowledge: the dwelling unit(s) are in compliance with the Housing Quality Standards (HQS) as set forth by the U.S. Department of Housing and Urban Development (HUD); the HCV family is currently residing in the unit; the deposited amount corresponds to the HAP amount stated in the current HAP Contract or subsequent amendment and; the Payee is in compliance with all other provisions as required by the HAP Contract. Anyone who misrepresents, falsifies, or submits fraudulent information to receive HAP for which he/she is not entitled, pursuant to 18 USC1001 whoever, in any manner within the jurisdiction of the executive, legislative or judicial branch of the government of the United States, knowingly and willfully (1) falsifies, conceals or covers up any trick, scheme or device a material fact; (2) makes any materially false, fictitious or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious statement or entry, shall be fined under this title or imprisoned not more than 5 years, or both. I understand that a false statement on any part of this form could result in a fine up to \$500,000 or imprisonment of up to 5 years or both for each violation (18 USC1001; 18 USC 3559.3571). Owners and Management Agents who violate this law may also be debarred from future participation in the HCV Program.

By signing this form, the Payee fully understands and accepts the terms and conditions as stated above in order to participate in CHA's Direct Deposit.

Printed Name of Payee: _____

Signature of Payee: _____ Date: _____



CLEARWATER HOUSING AUTHORITY

DIRECT DEPOSIT AUTHORIZATION FORM

This form must be completed and returned to Clearwater Housing Authority (CHA) by the owner, landlord, or Public Housing Authority (PHA), hereinafter called the "Payee," in order to authorize the Direct Deposit of Housing Assistance Payments (HAP) to a designated Financial Institution, hereinafter called the "Depository." Failure to answer all questions and provide all documentation will result in the delay of processing your request.

PART 1: Transaction Type (check all that apply)

Form with checkboxes for New Setup, Change account number, Change Depository, and Change account type.

PART 2: Payee Information

Form with fields for Name, Phone Number, Alternate Phone Number, Owner Tax ID, Email Address, Street Address, City, State, and Zip Code.

PART 3: Depository Information (For further information, contact your financial institution)

Form with fields for Depository Name, City, State, Zip Code, Routing Transit Number, Account Number, and Type of Account (Checking/Savings).

PART 4: Authorization

Payee authorizes Clearwater Housing Authority (CHA) to deposit Housing Assistance Payments (HAP) by electronic transfer into the designated Depository and account number listed above. Payee understands that this authorization will remain in effect until CHA has received written notification from Payee of its termination in such time and such manner as to afford CHA and the Depository a reasonable opportunity to act upon it.

Payee authorizes CHA to recover HAP electronically deposited in error, by adjusting future HAP or debiting an amount equal to the erroneous deposit. Payee will be notified in writing by CHA if and when any adjustments will be made. Payee certifies that the Tax I.D. listed above corresponds to the number stated on the W-9 form and on record at CHA.

Signature of Payee: _____ Date: _____

PART 5: Mailing Instructions

For checking accounts: Attach an original blank check marked "Void." For savings accounts: Attach a withdrawal/deposit slip that includes your name and account number.

Please attach this authorization form with your voided blank check or savings withdrawal/deposit slip to:

Clearwater Housing Authority
ATTN: HCV Program-New Landlord
28050 US Hwy 19 N, Suite 103
Clearwater, FL 33761