



New York State
Housing Trust Fund Corporation

ACH/DIRECT DEPOSIT AUTHORIZATION

NOTE: Please type or clearly print all requested information

PART 1: Payee Identification

Payee Name	Payee Type <input type="checkbox"/> Owner <input type="checkbox"/> Property Manager/Agent		
Payee Email Address	Payee Phone Number (with area code)		Type <input type="checkbox"/> Work <input type="checkbox"/> Home
Street Address	City	State	Zip Code

WARNING: Federal law prohibits HTFC from processing international ACH transactions (IAT). If any payment to you from HTFC will result in an IAT under the National Automated Clearing House Association's operating rules or if you are unsure if the rules apply to you, **DO NOT COMPLETE THIS FORM.**

Please initial in the box to the right to indicate you have read the above warning.
If you fail to initial here, direct deposit will not be approved.

PART 2: Financial Institution Information

Name of Financial Institution	Account Number										
Name on Account	Account Type <input type="checkbox"/> Individual/Consumer <input type="checkbox"/> Commercial (Corporation, Partnership, etc.)										
Nine Digit Routing Number <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>											

PART 3: Authorization

I authorize HTFC to deposit payments by electronic funds transfer (ACH) into the above referenced account. I acknowledge that if I fail to provide complete and accurate information on this authorization form, processing of this form and payments may be delayed.

This authorization will remain in effect until written notice to terminate is received.

Authorized Signatory	Title	Date
----------------------	-------	------