



Third Party Payment Update

3rd Party Payee

Lease ID: _____

Capital Region Housing Corporation currently has _____
as the payee for your rent subsidy.

A. I authorize this 3rd party payee to continue unchanged. I will inform you in **writing** of any changes to this information. I understand that if I do not inform you in writing that any recovery of funds from the previous landlord will be my responsibility.

Name (print)

Signature

Date

B. I authorize to have my 3rd party payment changed to (current landlord)

_____. I will inform you in **writing** of any changes to this information. I understand that if I do not inform you in writing that any recovery of funds from the previous landlord will be my responsibility.

Name (print)

Signature

Date

C. I wish to have my 3rd party payment discontinued and have my payment direct deposited to the attached bank account information.

Name (print)

Signature

Date



DIRECT DEPOSIT INFORMATION

Times are changing and as technology becomes increasingly sophisticated companies are finding more effective and efficient ways to conduct business. We, at Capital Region Housing Corporation are beginning to use such technology to save time and money for both ourselves and you.

We have a direct deposit system which will allow us to electronically deposit payments directly into your account. This will provide you with both a time and money savings:

- < No more waiting for payment cheques to arrive in the mail. These funds are available for your use the moment they are deposited.
- < The record of the deposit will show up on your bank monthly statement indicating the amount, the date of the deposit, and who the deposit came from.

In order to send you payments via direct deposit we require information on your bank account. This will **not** allow us to access your account in any way; rather it will tell our program at which bank and under which account number to deposit the funds. This information will remain completely confidential. **Please complete the enclosed form and attach a blank cheque of the bank account you would like your payments to be deposited to. Be sure to mark VOID clearly on the front of the cheque.**

We are confident that this change will benefit everyone and that direct deposit will soon replace the many cheques we are all writing every month. If you have any questions on the above information, please do not hesitate to contact our office.



Direct Deposit Application

Your Name: _____

Your Client File # _____

I hereby authorize **Capital Region Housing Corporation**, to make deposits to my account number _____ . I will advise you of any change in this regard and the authorization is to remain in effect until cancelled in writing.

SIGNATURE (**MUST BE SIGNED**)

Financial Institution *
Institution Number

Address of Financial institution: *

Branch Transit

Bank Account Holder's Name *
Account Number

***If you do not have this information, please contact your bank to obtain it.**