

**SMHA Housing Choice Voucher Program  
Landlord Agreement for Electronic Payment/Deposit**

Name / Entity: \_\_\_\_\_

(Must agree with IRS W- 9)

Federal ID or SSN: \_\_\_\_\_ Contact Name: \_\_\_\_\_

(Must agree with IRS W- 9)

Contact Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

I hereby authorize Stark Metropolitan Housing Authority (SMHA), to initiate credit entries (deposits) to below depository and to initiate, if necessary, debit entries and adjustments to any transactions credited in error.

Depository (Bank) Name: \_\_\_\_\_

Depository (Bank) Address: \_\_\_\_\_

Type of Account (check one):  Checking  Savings

Exact Name on Account: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Your signature below is your continuing authorization for Stark Metropolitan Housing Authority ("SMHA") to follow your written instructions to deposit funds in the account listed above and you agree that your continuing authorization will remain in effect unless you revoke the authorization in writing and submit to SMHA within a reasonable time for SMHA to adjust its accounting procedures. Further, you confirm that the below name and signature is of an authorized representative with authority to act on behalf of the above entity/individual property owner. As such, you hereby authorize SMHA to recognize and acknowledge the signature subscribed below in depositing funds into your account.

*A confirmation of account information on institution/bank letterhead or an original voided check, must accompany this document. Facsimile copies of checks, starter checks and deposit slips are not acceptable. When submitting documentation on bank letterhead, it must contain the name of financial institution, electronic routing transit number, account number and type of bank account (checking or savings).*

By signing below, I confirm that I am an authorized representation and the information entered above is accurate and complete.

Name(s) (please print): \_\_\_\_\_

Signature(s) \_\_\_\_\_ Date: \_\_\_\_\_

Documents can be mailed to: SMHA 400 Tuscarawas Street East, Canton Ohio 44702  
Attn: Finance Dept.

**Internal: SMHA staff are not to complete this document on behalf of any property owner,  
vendor and/or contractor.**