



31 S. Main Street  
Fairport, NY 14450

Dear Owner:

You can review your direct deposit statements for housing assistance payments online at [www.hapcheck.com](http://www.hapcheck.com).

Effective immediately, we will no longer mail printed statements to you. This online system offers faster access to your payment information and allows you to view a list of the payments you have received for the past several months, as well.

To access this secure system, enter [www.hapcheck.com](http://www.hapcheck.com) into your Web browser. Use the boxes on the right side of the screen to log into the system using your Tax ID (Social Security Number or Employer Identification Number). The temporary password is the same TAX ID or Social Security.

Once you have logged in, you can enter a new password. This password will be required when accessing the system in the future.

If you have any questions, or prefer to receive a paper statement, please contact our office directly at 585-421-3241.

We are confident that this enhancement will better serve your needs.

# DIRECT DEPOSIT AUTHORIZATION

PLEASE COMPLETE THIS FORM AND RETURN TO:

Fairport Urban Renewal Agency  
 Section 8 Housing Choice Voucher Program  
 31 S. Main Street  
 Fairport, NY 14450  
 Fax (585) 223-6694

## PART 1: Transaction Type

<input type="checkbox"/> New setup	<input type="checkbox"/> Change financial institution
<input type="checkbox"/> Cancellation <i>(Leave Part 4 blank)</i>	<input type="checkbox"/> Change account number
	<input type="checkbox"/> Change account type

## PART 2: Payee Identification

I would like to receive correspondence via e-mail.

Tax ID <i>(Social Security Number or Employer Identification Number)</i>		Work Phone Number	Home Phone Number	
Name		E-mail Address		
Address	City	State	ZIP Code	

## PART 3: Authorization for Setup, Changes, or Cancellation

I hereby request and authorize the to deposit payments by electronic funds transfer into the account specified below and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize that, if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.

This authorization will remain in effect until written notice to terminate is given. The undersigned must allow a reasonable amount of time for initiating or terminating Direct Deposit and is responsible for notification of any change in financial institution information.

Authorized Signature	Printed Name	Date
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## PART 4: Financial Institution *(Contact your financial institution for this information, if necessary.)*

Financial Institution Name		City	State	ZIP Code
Routing Transit Number	Customer Account Number		Type of Account	
Representative Name <i>(Please print)</i>		Title		<input type="checkbox"/> Consumer Checking
Representative Signature				<input type="checkbox"/> Consumer Savings
				<input type="checkbox"/> Corporate Checking
				<input type="checkbox"/> Corporate Savings

# DIRECT DEPOSIT AUTHORIZATION

## INSTRUCTIONS

### **PART 1: Transaction Type**

Check the appropriate box(es).

**NOTE:** The payee must review Part 2 and complete Part 3 for all transaction types.

- **NEW SETUP** - Select if payee is not currently on direct deposit.
  - The payee or financial institution representative must complete Part 4.
- **CANCELLATION** - Select if payee wishes to stop direct deposit.
  - Do not complete Part 4.
- **CHANGE FINANCIAL INSTITUTION**
  - The payee or **new** financial institution representative must complete Part 4.
- **CHANGE ACCOUNT NUMBER**
  - The payee or financial institution representative must complete Part 4.
- **CHANGE ACCOUNT TYPE**
  - The payee or financial institution representative must complete Part 4.

### **PART 2: Payee Identification**

The payee must review this section to confirm that all information is accurate. Any changes should be noted in the space provided.

### **PART 3: Authorization for Setup, Changes, or Cancellation**

The individual authorizing must sign, print their name and date the form.

**NOTE:** No alterations to the text in this section will be allowed.

### **PART 4: Financial Institution**

This section must be completed by the payee or a financial institution representative.

**NOTE:** Alterations to routing and/or account number must be initialed by the payee.