



RENT ASSISTANCE PROGRAM
City of Milwaukee
Department of City Development
P O Box 324
Milwaukee, WI 53201
Phone (414) 286-5650
T.D.D 296-2921
Fax 286-5094

Dear Participating Property Owner:

The Rent Assistance Program is offering a new benefit available to participating landlords. You can now have your monthly Rent Assistance check electronically deposited to your checking or savings account. This process is called **Electronic Fund Transfer or EFT**.

This means that instead of receiving a monthly check from Rent Assistance in the mail, the money will automatically be transferred from the Rent Assistance Programs' bank account into your bank account. You will still receive a copy of your monthly check, through the mail, which will be printed on plain paper.

There are many advantages to using the EFT service:

Your money will be available for use in your account on the first of the month;
No risk of your check getting lost, stolen or delayed in the mail;
No more hassle going to the bank and waiting in lines;
No more making special arrangements for deposit when you are away;
Improved cash flow.

If you would like to take advantage of the EFT benefit, simply complete the enclosed Authorization Agreement Form and include a voided check or savings account information and mail them to the Rent Assistance Program office. Forms must be received by the 8th of the month in order to begin the EFT service with the next rent payment.

This EFT process will continue until written notification is provided to terminate this automatic deposit service.

If the Rent Assistance check is payable to more than one person, both must sign the Authorization Agreement Form.

Forms should be mailed to: **Rent Assistance Program**
EFT Service
P.O. Box 324
Milwaukee, WI 53201

If you have questions regarding this process, please contact Debra LaRosa at 286-5647 or Pooja Dhaliwal at 286-5640.

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Housing Authority of the City of Milwaukee Rent Assistance Program

I (we) hereby authorize the Housing Authority of the City of Milwaukee to initiate credit entries to my (our) Checking or Savings account indicated below and the Financial Institution named below, hereinafter called DEPOSITORY, to credit and /or debit the same to such account.

FINANCIAL INSTITUTION _____

BRANCH ADDRESS _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA Number-9 digit number from the bottom of your check:

Account to be credited:

□ □ □ □ □ □ □ □ □

____ Checking Account – Please Attach a voided check to this form-see sample below

____ Savings Account – Please write account number below. Account Number

This authorization is to remain in full force and effect until the Housing Authority of the City of Milwaukee has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Housing Authority of the City of Milwaukee and DEPOSITORY a reasonable opportunity to act on it.

Print Name (1) _____

Taxpayer ID Number/Social Security Number _____

Signature (1) _____ Date _____

Phone (Home) _____ Phone (Work) _____

If the Rent Assistance checks are payable to more than one person, both must sign the Authorization Agreement.

Print Name (2) _____

Taxpayer ID Number/Social Security Number _____

Signature (2) _____ Date _____

SAMPLE VOIDED CHECK



▶ Nine Numbers bottom Left corner of Check
Transit/ABA Number