

LIVONIA HOUSING COMMISSION

JAMES M. INGLIS
INTERIM DIRECTOR

MEMBERS
DALE MOSER
BRIAN SCOTT
ELEANOR MALONE
KREUZA GJEZI
CONNIE KUMPULA



MAUREEN MILLER BROSNAN
MAYOR

HOUSING CHOICE VOUCHER PROGRAM
10800 FARMINGTON RD.
LIVONIA, MI. 48150-2751
(734) 261-0279
(734) 261-0373 FAX

DIRECT DEPOSIT FORM

I hereby authorize the Livonia Housing Commission to initiate automatic deposit for Housing Choice Voucher Housing Assistance Payments to the account indicated below. **A deposit slip or voided check must be submitted along with this form before your payment can be processed. Please print clearly.**

Tenant Name: _____

Tenant Address: _____

Landlord Name: _____
(Landlord Name MUST be the same as the HAP contract & Social Security #/Employer ID#)

Landlord Address: _____

City: _____ State: _____ Zip: _____

Social Security Number/Employer ID#: _____

Email Address: _____

Telephone Number: _____

Signature: _____ Date: _____

Name of Financial Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number of Financial Institution: _____

Routing Number: _____

Checking Account Number: _____

OR

Savings Account Number: _____



EQUAL HOUSING
OPPORTUNITY