

LIVONIA HOUSING COMMISSION

MADISON BJERTNESS
EXECUTIVE DIRECTOR

DALIE RIPLEY
DEPUTY DIRECTOR

MEMBERS
CONNIE KUMPULA
ROBIN PERSICONI
CARRIE LEACH
DIANN KIRBY
STEVE ALEXANDER



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 HAP contract & Social Security Number/Employer ID Number)

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