State of New York
Housing Trust Fund Corporation
_____ Program

DESIGNATION OF DEPOSITORY FOR DIRECT DEPOSIT OF HTFC FUNDS
SECTION I (to be completed by Recipient)

Recipient	SHARS ID #
Recipient Address	Contact Person (Name & Phone #)

The _____
(Name of Recipient's Financial Institution)
has been designated as the depository for all funds to be received from the Housing Trust Fund Corporation (HTFC) resulting from an award under the above SHARS ID.

I certify that all HTFC funds shall be deposited in an account at the above-referenced financial institution, which is covered by federal deposit insurance.

_____ _____
Signature of Authorized Representative Date

_____ _____
Typed Name of Authorized Representative Title

SECTION II (to be completed by Financial Institution)

Name of Financial Institution
Address

Routing Number __ __ __ __ __ __ __ __ __

Account Number __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Account Type Checking Account __ Savings Account __

The account identified above has been established with this bank. All necessary documentation, including a power of attorney where necessary, which will enable this bank to receive funds directly from the Housing Trust Fund Corporation without any endorsement by the payee, has been received and is in this depository's custody. Immediately upon deposit of HTFC funds in the above account, we will notify the Recipient and subsequently provide a copy of the documentation of deposit.

_____ _____
Signature of Authorized Bank Officer Date

_____ _____
Title of Authorized Bank Officer Telephone Number