



New York State
Housing Trust Fund Corporation

RURAL RENTAL ASSISTANCE PROGRAM (RRAP)
ACH/DIRECT DEPOSIT AUTHORIZATION

NOTE: Please type or clearly print all requested information

PART 1: Payee Identification

Payee Name		Payee Type <input type="checkbox"/> Owner <input type="checkbox"/> Property Manager/Agent	
Payee Email Address		Payee Phone Number (with area code) Type <input type="checkbox"/> Work <input type="checkbox"/> Home	
Street Address		City	State Zip Code
Associated RRAP Contract Number			

PART 2: Financial Institution Information

Name of Financial Institution	Bank Account Number									
Name on Account	Account Type <input type="checkbox"/> Individual/Consumer <input type="checkbox"/> Commercial (Corporation, Partnership, etc.)									
Bank Routing Number (Nine Digits)										
<table border="1" style="width:100%; height:20px;"> <tr> <td style="width:12.5%;"></td> </tr> </table>										

U.S. Checks

PAY TO	DATE	1001
THE ORDER OF _____	\$ _____	
<small>YOUR FINANCIAL INSTITUTION BANK ADDRESS BANK CITY, STATE, ZIP BANK PHONE</small>		DOLLARS
FOR _____		
⑆123456789⑆	0123456789012	1001

Bank Routing Bank Account
Number Number

PART 3: Authorization

I authorize the Housing Trust Fund Corporation to deposit Rural Rental Assistance Program payments by electronic funds transfer (ACH) into the above referenced account. I acknowledge that if I fail to provide complete and accurate information on this authorization form, processing of this form and payments will be delayed.

This authorization will remain in effect until written notice to terminate is received.

Authorized Signatory	Title	Date