

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 \_\_\_\_\_