

Virgin Islands Housing Authority

St. Thomas
9900 Oswald Harris Court
St. Thomas, VI 00802-3100
Telephone: 340-774-7485



St. Croix
9299 Estate Slob
Kingshill, VI 00850-9719
Telephone: 340-778-8442
Fax: 340-773-3054

Website: www.vihousing.org

Email: cfo@vihousing.org

Direct Deposit Agreement Form

I hereby authorize the **Virgin Islands Housing Authority** to initiate automatic deposits to my account at the financial institution named below. I also authorize the **Virgin Islands Housing Authority** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold the **Virgin Islands Housing Authority** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until the **Virgin Islands Housing Authority** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form.

NOTE: Mail completed form to:

Virgin Islands Housing Authority
ATTN: Chief Financial Office
9900 Oswald Harris Court
St. Thomas, VI 00802-3100

email: abrooks@vihousing.org

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Authorized Signature (Primary): _____ **Date:** _____

Printed Name _____

Authorized Signature (Joint): _____ **Date:** _____

Printed Signatures _____

* **REASON FOR CHANGE:** New _____ Bank/Acct/Routing # _____ Landlord Name _____

Note: Please attach a **voided check or bank deposit sign up form stamped by a bank representative** to help ensure that the monthly payments are transmitted to the correct financial institution.

Tenant Name: _____

Landlord/Owner Contact Number: _____

Failure to provide the requested information will affect the processing of this form and will delay or prevent the receipt of payments by direct deposit.

