



Authorization for Direct Deposit for PHFA Rent Relief Program

Please complete this form and return it Jess Russo (jrusso@lchra.com) as soon as possible.

DIRECT DEPOSIT

I hereby authorize the Lancaster County Redevelopment Authority (LCRA) to deposit the PHFA Rent Relief Program Assistance Payment into my checking/savings account with the financial institution indicated below.

ACCOUNT INFORMATION

Checking Account Savings Account

BANK NAME _____

ACCOUNT NUMBER _____

BANK/ABA NUMBER (ROUTING NUMBER) _____

LANDLORD NAME/PROPERTY MGMT CO

NAME _____ DATE _____
(Please Print)

SIGNATURE _____

DAY TIME PHONE NUMBER _____

EMAIL ADDRESS _____

ATTACH A "VOIDED CHECK" OR "SAVINGS DEPOSIT SLIP" TO THIS FORM