

**Northern Illinois Regional Affordable Community
Housing (NI ReACH)**

**Housing Choice Voucher Section 8 URP
Electronic Deposit Authorization**

I hereby authorize Northern Illinois Regional Affordable Community Housing (NI ReACH) to initiate deposits and/or corrections to the financial institution indicated for my Utility Reimbursement Payment. This authorization will remain in full force and effect until my termination of my Housing Assistance Payments (HAP) contract with NI ReACH.

Participant: _____

Financial institution: _____

Checking Account

Savings Account

Bank ABA Number (routing #) _____

Account Number: _____

****NOTE:** If you do not have a bank account, you will instead receive a check every 3 months (in Mar, Jun, Sep & Dec)

Participant's Phone Number: _____

Participant's Email: _____

Signed: _____

Owner or Authorized Representative

Date: _____

Attach a voided check and fax to (815) 316-2860 or mail to:

**NI ReACH
3617 Delaware St.
Rockford, IL 61102**