

**HOUSING & REDEVELOPMENT AUTHORITY OF ST. CLOUD, MN (ST. CLOUD HRA)
VOUCHER PROGRAM RENT PAYMENTS**

The St. Cloud HRA requires all payments to landlords be made via ACH.

Is this a: **NEW** account setup **CHANGE** in account setup

Name on Account _____

Address _____

Email Address _____

Type of Account: **Checking** or **Savings**
Must enclose voided check copy Must enclose deposit slip
or bank letter for verification for verification

Is this a: **Business Account** or **Personal Account**

***Authorization Agreement** : I authorize the Housing & Redevelopment Authority of St. Cloud (St. Cloud HRA) to automatically deposit any funds owed to me/us through the Voucher Payment Program to my/our account at the Financial Institution named below. I understand that this agreement may be terminated by me or St. Cloud HRA at any time by written notification. Any such notification requires a reasonable time to act upon it. I further agree to notify St. Cloud HRA immediately of any discrepancies between the amount deposited and the amount due under the HAP Contract and, in case of overpayment by the St. Cloud HRA, the amount of the overage shall be returned within 30 days.*

Name of Financial Institution _____

Bank Routing Number _____

Account Number _____

Authorized Signature:

Signature

Date

ATTACH A COPY OF A CHECK OR DEPOSIT SLIP AND RETURN TO:

St. Cloud HRA
Attn: Roxanne
1225 W St Germain St
St. Cloud MN 56301
fax: 320-407-0424
email: rguerra@stcloudhra.com

For Internal Use Only:
Vendor # _____
Date _____
Processed by _____