



SC# _____
Tenant Name _____

## Landlord Rent Direct Deposit

Please complete this form to begin receiving direct deposit of the Housing Assistance Payment with Nevada Rural Housing Authority.

Check this box, if you are currently receiving a direct deposit from our agency.

Print or Type Information

Landlord Name	
Phone Number	
Email Address	
Direct Deposit Requested Start Date	
Landlord/Agent Signature	

**PLEASE ATTACH OR FAX A COPY OF A VOIDED CHECK**

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