



## Emergency Rental Assistance Program (ERAP) DIRECT DEPOSIT AUTHORIZATION FORM

Please complete this form in its entirety. Send the form **and a voided check** to: Boise City & Ada County Housing Authorities, Attn: ERAP Landlords, 1001 S. Orchard St. Boise, ID 83705. The Housing Authority staff will contact you if they have any questions. If you have any questions, please contact the Housing Authority staff by email at [eraplandlords@bcacha.org](mailto:eraplandlords@bcacha.org), phone (208) 363-9710, or fax (208) 345-4909.

I hereby authorize the Boise City & Ada County Housing Authorities, to initiate electronic deposits into my checking account at the financial institution listed below. This authority will remain in effect until BCACHA is notified in writing to cancel it in such time as to afford BCACHA and the financial institution a reasonable opportunity to act on it.

### FINANCIAL INSTITUTION DATA:

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Name of Financial Institution

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Address of Financial Institution- Branch, City, State, & Zip

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Checking Account Number

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Routing Number

- Business Account  
 Personal Account

### LANDLORD/OWNER DATA:

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Landlord/Owner Name

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Landlord/Owner Telephone Number

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Landlord/Owner Address

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Landlord/Owner Email

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Signature

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Date