



Landlord/Owner Re-Verification Form

Form box containing fields for Date, Tenant Name, Tenant Address, monthly rent payment, Total Arrears, Type of Arrears, and total owed.

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Vendor Name/Property Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Name: \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Has your banking information changed since the previous payment was made? [ ] yes [ ] no

If yes, please attach voided check and complete this portion:

Financial Institution Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Number (9 digits): \_ \_ \_ \_ \_

Account Number: \_ \_ \_ \_ \_

Type: [ ] Checking Account [ ] Savings Account

I authorize the Hill Country Community Action Association, Inc. (HCCAA) to deposit my payments to my financial institution electronically. I understand that HCCAA will reverse any payments made to my account in error.