



The Indiana Housing and Community Development Authority (IHCDA) electronically processes payments for the **Covid-19 Rental Assistance Program** if requested. Please provide the following information so that IHCDA may initiate direct deposits to your checking or savings account:

Date: _____

Landlord Name: _____

Contact Name and Phone #: _____

Bank Name: _____

ABA Number: _____

Account Number: _____

Type of Account:
(checking or savings) _____

Print Name & Title _____

Signature _____

Check here if you would like to opt out of receiving direct deposit and instead receive payment by paper check. **NOTE: By opting to receive a paper check you are acknowledging that payment will be delayed.**

Payable to: _____

Address: _____

City: _____

State: _____

ZIP: _____