

CHATTANOOGA HOUSING AUTHORITY

Return form to: 801 North Holtzclaw Ave. Chattanooga, TN 37404 Fax: (423) 752-4833 Email: tcarpenter@chahousing.org

Substitute W9 & Direct Deposit Form

Transaction Type: New Set-up	Jpdate Info	Add ACH/Bank Info	Update ACI	H/Bank Info
Payee Information:				
Individual/Company/Entity Legal Name:				
Faxpayer ID: OR Social Security Number OR Employer ID Number				
DBA Name (If applicable)				
Tax Classification: (check only one o	f the seven boxes)			
☐ Individual/sole proprietor ☐ C Corporor single-member LLC ☐ Limited liability company. Enter the tax of Note. For a single-member LLC that is disregarded, classification of the single-member owner.	lassification (C=C corp	oration, S=S corporation		Trust/estate Other Exempt payee code
Contact Information:				
Phone:		Email:		
Address:		City:		
		State:		Zip:
Certification:				
Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpay 2. I am not subject to backup withholding because: (a) I I am subject to backup withholding as a result of a failu withholding; and 3. I am a U.S. citizen or other U.S. person (defined below Certification instructions. You must cross out item 2 ab have failed to report all interest and dividends on your abandonment of secured property, cancellation of debt and dividends, you are not required to sign the certification	am exempt from backup wire to report all interest or diw). Nove if you have been notified tax return. For real estate true, contributions to an individual.	ithholding, or (b) I have not lividends, or (c) the IRS has not lead by the IRS that you are curansactions, item 2 does not lual retirement arrangement	peen notified by the Ir otified me that I am no rrently subject to back apply. For mortgage in	ternal Revenue Service (IRS) that b longer subject to backup cup withholding because you nterest paid, acquisition or
Signature of U.S. Person:			1	Date:
Direct Deposit Setup Information-Plo			-	ository named below:
Account type: Checking OR Savings				
Bank Name:	ABA Routing # (9 dig	gits)	Account #:	
Signature:	Name:		[Date:

This authority is to remain in full force and effect until CHA has received written notification from me of its termination in such time and in such manner as to afford CHA and DEPOSITORY a reasonable opportunity to act on it. Changes to direct deposits take 2 checks runs (approximately one month).