

# Santa Ana Housing Authority

PO Box 22030. Santa Ana CA 92702  
Phone: (714)667-2200 Fax: (714)547-5411

**OFFICIAL USE ONLY**

Processed Date \_\_\_\_\_

Processed By \_\_\_\_\_

Effective Month \_\_\_\_\_

## DIRECT DEPOSIT AUTHORIZATION

Tenant name/Rental property address: \_\_\_\_\_

By acceptance of the funds through direct deposit, the landlords certify that to the best of his/her knowledge the unit is in decent, safe, and sanitary condition; the participant is currently occupying the unit and is expected to occupy the unit the entire month.

**Part 1: TRANSACTION (Please check one)**

New Direct Deposit Request

Change Information (Account/Rounting # and/or financial institution)

**Part 2: PAYEE IDENTIFICATION INFORMATION**

|  |      |                           |          |
|--|------|---------------------------|----------|
| Payee Tax ID (SSN or Employer Identification Number) |      | Daytime/Cell Phone Number |          |
| Name (As it appears on your account)                 |      | Fax Number                |          |
| Street Address                                       | City | State                     | Zip Code |
| Email Address – required (for payment notification)  |      |                           |          |

**PART 3: AUTHORIZATION FOR SET UP OR CHANGES**

I hereby authorize the Santa Ana Housing Authority to deposit any housing assistance payment to me by initiating credit entries to my account at the financial institution listed below. In the event of a credit entry error, I authorize the Housing Authority to initiate debit entries and adjustment to correct the error. This authorization will remain in effect until written notice to terminate or change information is given.

|                               |      |
|-------------------------------|------|
| Landlord/Authorized Signature | Date |
|-------------------------------|------|

**Part 4: FINANCIAL INSTITUTION (attach a voided check for a checking, or a deposit slip for savings)**

|   |      |                                   |                                  |  |  |  |  |  |  |  |  |  |
|---|------|-----------------------------------|----------------------------------|--|--|--|--|--|--|--|--|--|
| Name of Financial Institution (Bank)  |      | Type of Account                   |                                  |  |  |  |  |  |  |  |  |  |
|   |      | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |  |  |  |  |  |  |  |  |  |
| Address   | City | State                             | Zip Code                         |  |  |  |  |  |  |  |  |  |
| Routing Transit Number  |      | Account Number                    |                                  |  |  |  |  |  |  |  |  |  |
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|   |      |                                   |                                  |  |  |  |  |  |  |  |  |  |

**\*\*\*Please complete and return this form to Tanya Hervey**