



HOUSING AUTHORITY OF THE COUNTY OF SANTA BARBARA

P. O Box 397, Lompoc, CA

(805) 736-3423

SECTION 8 HOUSING ASSISTANCE PAYMENTS PROGRAM

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

Property Owner Name _____

Property Manager Name (if applicable) _____

Address _____

Phone _____ Contact Name _____

Use this form to add, change or cancel a direct deposit. All changes must be presented in writing to the Housing Authority no later than the 15th of the month before the desired month in which the direct deposit is to be processed, (i.e. if we receive your direct deposit authorization by the 15th of the month, your direct deposit will begin with the following month's HAP payment).

All funds will be ***credited no later than the 5th day of each month.***

To set up a direct deposit you must:

- Have an established account at your bank.
- Verify that your bank accepts direct deposit. Verify your bank's transit # and your account #.
- Notify your bank that you are setting up a direct deposit. **Inquire about any special requirements your bank may have.**
- **Provide the Housing Authority with a void check or a deposit slip from your account.**

Please check the appropriate box:

New Account

Change or Cancel Existing Account

Depository (Bank) Name: _____

Bank Transit # and ABA# _____

Bank Account # _____

Account Type (mark one)

Checking

Savings

I understand that any funds processed through direct deposit will be credited to my account no later than the 5th of each month.

Name _____

Signature _____

Date _____