



DIRECT DEPOSIT ENROLLMENT FORM

The Housing Authority of the County of Alameda ("HACA") has implemented Direct Deposit. We kindly ask that you complete all of the information below and return this completed form to HACA as soon as possible. Please print legibly, complete all of the requested information and provide requested documents. While we will try our best to process your request as soon we receive it, *it may take up to 30 days to pre-note and activate direct deposit.* Thank you.

Customer ID#:

SECTION 1: VERIFICATION OF INFORMATION CURRENTLY IN HACA'S SYSTEMS

The following information is currently in our system. Please review this information carefully. You will have an opportunity to make corrections in Section 2 of this form.

OWNER/PAYEE CONTACT INFORMATION SSN/TAXPAYER ID: _____
LEGAL OWNER: _____
LANDLORD (PROPERTY MANAGEMENT): _____
PAYEE NAME: _____
CONTACT PERSON: _____
(If different from Payee) _____
COMPANY: _____
ADDRESS: _____ BLDG. #/APT # OR SUITE: _____
CITY: _____ STATE: _____ ZIP: _____
EMAIL ADDRESS: _____ PHONE: _____

SECTION 2: UPDATE INFORMATION IN HACA'S SYSTEM

To update your information, please complete all of the fields below. Please **PRINT** legibly.

OWNER/PAYEE CONTACT INFORMATION SSN/TAXPAYER ID: _____
LEGAL OWNER: _____
LANDLORD (PROPERTY MANAGEMENT): _____
PAYEE NAME: _____
CONTACT PERSON: _____
(If different from Payee) _____
COMPANY: _____
ADDRESS: _____ BLDG. #/APT # OR SUITE: _____
CITY: _____ STATE: _____ ZIP: _____
EMAIL ADDRESS: _____ PHONE: _____

FINANCIAL INSTITUTION INFORMATION

TYPE OF ACCOUNT:

 CHECKING SAVINGS

ACCOUNT HOLDER NAME: _____

NAME OF FINANCIAL INSTITUTION/
DEPOSITORY/BANK: _____

BANK ROUTING #: _____

BANK ACCOUNT #: _____

SECTION 3: AUTHORIZATION

I/We hereby authorize the Housing Authority of the County of Alameda ("HACA") to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated above at the financial institution named above, to credit and/or debit the same to such account. This authorization remains in effect until HACA has received written notification from me (us) of its termination. I/We also agree to notify HACA of any changes to my bank account.

Authorized Signature_____
Print Name_____
Date******* IMPORTANT *******

If this form is not complete and/or we do not have all the required documentation, HACA **will not** be able to complete your Direct Deposit setup.

****** STOP - PLEASE READ ******

FOR CHECKING ACCOUNT TYPE: PLEASE ATTACH AN ORIGINAL BLANK CHECK THAT INCLUDES YOUR NAME AND ACCOUNT INFORMATION, MARKED, "VOID."

FOR SAVINGS ACCOUNT TYPE: PLEASE ATTACH A SAVINGS WITHDRAWAL SLIP THAT INCLUDES YOUR NAME AND ACCOUNT INFORMATION.

E-mail the complete form and voided check copy to directdeposit@haca.net or you can mail it to:

HACA
Attn: Accounting
22941 Atherton Street
Hayward, CA 94541

Customer ID#: