

22941 Atherton Street, Hayward, CA 94541-6633 Tel. 510.538.8876 TDD 510.727.8551 Fax 510.537.8236 - www.haca.net

VENDOR ACH AUTHORIZATION FORM

SECTION I – VENDOR INFORMATION

COMPANY:				
ADDRESS:			BLDG. #/APT # OR SUITE:	¥
CITY:		STATE:		ZIP:
EMAIL ADDRESS:			PHONE:	
SECTION II – FINANCIAL INSTITUTION INFORMATION				
TYPE OF ACCOUN	Г: CHECKING			
ACCOUNT HOLDE	R NAME:			
NAME OF FINANCI				
BANK ROUTING #	:	BA	ANK ACCOUNT #: _	

SECTION III - CREDIT/DEBIT 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 **<u>will not</u>** be able to complete your Direct Deposit setup.

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

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

HACA Attn: Accounts Payable 22941 Atherton Street Hayward, CA 94541