



**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." - OR LETTER FROM YOUR BANK THAT INCLUDES THE NAME ON THE ACCOUNT, ROUTING NUMBER AND ACCOUNT NUMBER.

**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](mailto:directdeposit@haca.net) or you can mail it to:

HACA  
Attn: Accounting  
22941 Atherton Street  
Hayward, CA 94541

Customer ID#: