



VENDOR ACH AUTHORIZATION FORM

SECTION I - VENDOR INFORMATION

SSN OR EIN: _____

COMPANY: _____

ADDRESS: _____ BLDG. #/APT #
OR SUITE: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ PHONE: _____

SECTION II - FINANCIAL INSTITUTION INFORMATION

TYPE OF ACCOUNT: **CHECKING**

ACCOUNT HOLDER NAME: _____

NAME OF FINANCIAL INSTITUTION: _____

BANK ROUTING #: _____ BANK 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 **will not** be able to complete your Direct Deposit setup.

One of the following must be attached to the Vendor ACH Authorization form in order to ensure accuracy:

1. AN ORIGINAL BLANK CHECK THAT INCLUDES YOUR NAME ACCOUNT INFORMATION MARKED, "VOID."
- OR -
2. A LETTER FROM YOUR BANK THAT INCLUDES THE NAME ON THE ACCOUNT, ROUTING NUMBER AND ACCOUNT NUMBER.

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

For Office Use Only:
