



County of San Diego

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DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
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DIRECT DEPOSIT AUTHORIZATION FORM

- Complete the **FINANCIAL INSTITUTION AND BUSINESS DATA** portions of this form.
- Send the form (**AND AN IMPRINTED VOIDED CHECK*** if Checking Account is selected) to **Housing Authority of the County of San Diego, Attn: Fiscal, 3989 Ruffin Road, San Diego, CA 92123**. The Housing Authority Fiscal staff will contact you if they have any questions. If you have any questions, please call the Housing Authority Fiscal staff at 858-694-4862. (Fax number: 858-694-4845).

I hereby authorize the Housing Authority of the County of San Diego, to initiate deposits and/or correcting entries to previous deposits to my account, if necessary.

FINANCIAL INSTITUTION DATA

SELECT ONE:

_____Checking Account*

_____Savings Account

Transit Routing No. _____

Transit Routing No. _____

Account No. _____

Account No. _____

_____Financial Institution Representative

_____Financial Institution Telephone Number

_____Financial Institution

_____Financial Institution Address

This authority will remain in force until I have given a written revocation to the Housing Authority of the County of San Diego, in a timeframe that will allow the Housing Authority of the County of San Diego, and the depository a reasonable opportunity to terminate this authorization.

LANDLORD/OWNER DATA

Landlord/Owner Name

Social Security or Tax Identification Number

Landlord/Owner Address

Landlord/Owner Telephone Number

Signature

Date

Serving as the Housing Authority of the County of San Diego