



County of San Diego

CATHERINE TROUT
LICHTERMAN
Director

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
3989 RUFFIN ROAD, SAN DIEGO, CALIFORNIA 92123-1815

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DIRECT DEPOSIT AUTHORIZATION FORM

- Complete the **FINANCIAL INSTITUTION AND BUSINESS DATA** portions of this form.
- Send the form (**AND A 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.

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