



# HOUSING AUTHORITY OF THE CITY OF LOS ANGELES AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

Note: For Section 8 Owners only

I/We hereby authorize the Housing Authority of the City of Los Angeles, to initiate deposit entries and only if necessary-reverse entries for previous deposits made in error to my/our designated account.

Type of Account (Select One):

Checking Account

Savings Account

By acceptance of the funds through automatic deposit, the owner(s) certifies that to the best of his/her knowledge the dwelling unit is in Decent, Safe and Sanitary Condition; the contracting family is in the unit and is expected to be there for the entire month; the deposited amount is in accordance with the provisions of the Housing Assistance Payment (HAP) Contract and is payable under the HAP Contract; and all other facts and data on which this amount is based are true and correct.

Anyone submitting fraudulent information is subject to fine or imprisonment, or both.  
(Title 18 U.S.C. 1001)

Written notification of all Owner/Payee changes must be submitted to the Housing Authority at least thirty days prior to payment date. Notify Owner Services Department of an address change via email at [owner.services@hacla.org](mailto:owner.services@hacla.org) or by fax at (213) 252-2634.

### IMPORTANT

For checking accounts: Attach a voided check  
For savings accounts: Attach a letter from the financial institution

### Please Deposit My Housing Assistance Payment at the Following Bank

Bank Name (print) \_\_\_\_\_

Your Financial Institution must be a member of the "Automatic Clearing House (ACH)". If you are not sure, please check with your financial institution.

Select One Only:

New Enrollment

Change

Bank Routing Number  please verify the routing number with your bank

Owner Signature 1 \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Owner Signature 2 \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Authorized Signatory \_\_\_\_\_

Print Name of Authorized Signatory \_\_\_\_\_ Date \_\_\_\_\_

Payee Name \_\_\_\_\_ Name on Bank Account \_\_\_\_\_  
(Payee Name and Name on Bank Account must match)

Telephone # \_\_\_\_\_ Email Address \_\_\_\_\_ Entity/Vendor #: \_\_\_\_\_

For verification please provide one tenant address or tenant name \_\_\_\_\_

Would you like all payment groups processed with same application?  Yes  No (if applicable)

Account Number



**HOUSING AUTHORITY OF THE CITY OF LOS ANGELES  
SECTION 8 DIRECT DEPOSIT**

**DIRECT DEPOSIT FOR S8 & HPRP LANDLORDS ONLY**

**SIGN UP FOR DIRECT DEPOSIT  
BY RETURNING THIS AUTHORIZATION AGREEMENT FORM**

NOTE: THIS AUTHORIZATION AGREEMENT IS NOT FOR TENANTS

Enrollment is EASY!

1. Complete the Authorization Agreement for Automatic Bank Deposit form on the back of this letter. Enter all necessary information on the Authorization form (all owners must sign). Please do not omit any information.
2. Attach an original voided check (deposit slips or temporary checks are not acceptable) for the checking account into which you would like the Housing Authority to deposit the funds; you may write "VOID" across the front of the check and blacken the signature portion of your check. If you're having the funds deposited into a savings account you will need to obtain the correct "**Routing Number**" from your bank in writing, along with the savings account number and submit both with the enclosed authorization form.
3. Please return the completed form, together with your voided check, to the Housing Authority of the City of Los Angeles, 2600 Wilshire Blvd, Los Angeles, CA 90057 ATTN: Finance - Direct Deposit Unit or via fax to (213) 383-8249. If you have any questions regarding direct deposit, please call (213) 252-1888.

Account name must be visible

John Doe Mary Doe 777 Pearl Avenue Anytown, USA	90-7162/3222 3232323232	Check No. XXXX  Date _____
<div style="font-size: 48px; opacity: 0.5; transform: rotate(-15deg); position: absolute; top: 50%; left: 50%; pointer-events: none;">VOID</div>		
Pay to the Order of _____		\$ <input style="width: 80px;" type="text"/>
Bank of Success 222 Diamond Street Anytown, USA		
<div style="display: flex; justify-content: center; gap: 20px;"> <span style="font-size: 18px;">:123456789:</span> <span style="font-size: 18px;">3232323232</span> </div> <div style="display: flex; justify-content: center; gap: 20px; margin-top: 5px;"> <span style="font-size: 10px;">Routing Number</span> <span style="font-size: 10px;">Account Number</span> </div>		

4. To expedite the processing of your application, please complete all requests for information on the form. Any information omitted will delay the processing of your application.
5. Please allow 60 to 90 days for your Automatic Bank Deposit application to be processed.