



**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 252-5341.

Account name must be visible.

John Doe Mary Doe 777 Pearl Avenue Anytown, USA	90-7162/3222 Check No. XXXX 3232323232
Pay to the Order of _____ \$ <input style="width: 50px;" type="text"/>	Date _____
<div style="font-size: 48px; opacity: 0.5; transform: rotate(-15deg); font-weight: bold;">VOID</div>	
Bank of Success 222 Diamond Street Anytown, USA	
<div style="background-color: black; width: 100px; height: 15px; margin: 0 auto;"></div>	
:123456789: 3232323232	
Routing Number Account Number	

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.



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 or at (213) 252-4249.

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 []