



Direct Deposit Authorization Agreement

Owner Name: _____ **Tenant Name:** _____

Owner Entity ID#: _____ **Tenant Entity ID#:** _____

Owner Address: _____

I hereby authorize the Housing Authority of the County of Santa Clara (HACSC) to initiate electronic transfers to my account with the Financial Institution indicated below. This authority is to remain in full force and effect until HACSC has received written notification from me of its termination in such time and manner to afford HACSC and the Financial Institution a 30-day notice.

Further, I authorize the Financial Institution to accept and to credit any credit entries indicated by HACSC to my accounts. In the event that HACSC deposits funds erroneously into my account, I authorize my account to be debited for an amount not to exceed the original amount of the erroneous credit.

Name of Financial Institution: _____

Type of Account: ___ Checking ___ Savings

For Checking Accounts, attach a voided check.

For Savings Accounts, attach a voided deposit slip.

Forms will not be processed without proper attachment. Please print clearly.

Your current phone number: _____

Your current e-mail address: _____

If provided, your e-mail address will be used for payment information in place of mailed deposit notification.

Date: _____ **Signature:** _____

Please return to our office for your Direct Deposit Authorization to be processed:

Housing Authority of the County of Santa Clara
Attn: Direct Deposit
505 West Julian Street
San Jose, CA 95110-2300