

DIRECT DEPOSIT SIGN-UP FORM

**The Housing Authority of the County of San Joaquin
HAS CONVERTED TO DIRECT DEPOSIT FOR PAYMENT OF ALL HAP**

Direct deposits are made at the beginning of each month. You will receive an email with payment details for each monthly payment.

Complete the Authorization Agreement for Direct Deposit form on the back of this letter. Enter all necessary information. Do not omit any information. Please read the directions! They are highlighted! An incomplete form will be returned to you, delaying the start of direct deposit and your payment!

Return the completed authorization form with the enclosed HAP contract.

By mail: PO Box 447, Stockton CA 95201

By email: bward@hacsj.com

By fax: (209) 460-5129

If you do not understand:

HMONG:

Thov hu rau (209) 460 - 5034 yog hais tias koj tsis to taub.

SPANISH:

Por favor llame al (209) 460 -5073 o al (209) 460-5071 o al (209) 460-5057 si usted no entiende.

TAGALOG:

Mangyaring tumawag sa (209) 460 -5000 kung hindi mo maintindihan.

KHMER:

សូមហៅទូរស័ព្ទ (209) 460 -5079 ប្រសិនបើអ្នកមិនយល់។

VIETNAMESE:

Làm ơn gọi (209) 460 - 5047 nếu bạn không hiểu



HOUSING AUTHORITY OF THE COUNTY OF SAN JOAQUIN AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I/we authorize the **Housing Authority of the County of San Joaquin** to initiate electronic deposit entries to the bank account shown below. This authority will remain in effect until I have cancelled it in writing or I no longer participate in the Section 8 Housing Choice Voucher Program. By signing this form, I also agree that I will keep my contact (email) address updated with the Housing Authority.

Landlord Number _____

CHOOSE ONE ACCOUNT TYPE:

- **Savings Account**..... **Attach a letter from your financial institution that includes the Routing and Savings Account numbers.**
OR
- **Checking Account**.... **Attach a pre-printed void check (deposit slips and temporary checks are NOT acceptable) OR a letter from your bank. NOTE: If a name on your voided check identifies a deceased person, write “deceased” next to that name.**

HAP-Payee Name and Name on Bank Account MUST MATCH.

Please deposit my Housing Assistance Payment with the following bank:

_____	_____	_____
Bank Name (print)	Routing Number	Account Number
Bank Account Signer #1-Sign: _____	Print Name _____	
Bank Account Signer #2-Sign: _____	Print Name _____	
Bank Account Signer #3-Sign: _____	Print Name _____	

ALL SIGNERS ON BANK ACCOUNT MUST SIGN THIS AUTHORIZATION FORM.

****Email Address** _____

Payee Phone Number _____ **Date** _____

****An email address can be obtained free of charge through yahoo, gmail, or hotmail, among others. OR you can use a friend's or relative's email address to receive payment advice.**

Please call (209) 460-5029 with questions, or if further information is required. See other side for instructions on how to return this form to the Housing Authority.

