

PLEASE ATTACH A LIST OF YOUR SECTION 8 TENANTS

1947 Center Street, Fifth Floor, Berkeley, CA 94704 • Telephone: (510) 981 5470 • Fax: (510) 981 5480

DIRECT DEPOSIT AUTHORIZATION FORM

<u>DIRECT DEPOSIT AUTHORIZATION</u>: I (We) hereinafter called Owner or Agent, hereby authorize the Berkeley Housing Authority, hereinafter called BHA, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below at the financial institution named below, hereinafter called Depository, to credit and/or debit the same to such account.

Legal Owner's Name (s):	Agent:
Legal Owner's Name (s):(as it appears on the Grant Deed)	(If different from owner, see Agent Policy below)
Address:	Address:
City State Zip Code	City State Zip Code
Owner's Phone No.:	Agent Phone No.:
	Social Security Number/Tax I.D#:
	Agent SSN/taxpayer ID number. Statement will be mailed in the name of the Agent. If any of these es not match, your direct deposit sign up will not be processed. Please
BANK INFORMATION	
Depository/Bank:	Branch Transit/ABA (Routing Number:
City State Zip Code	
For checking account, please attach an original blank check For savings accounts, please attach a savings withdrawal/ de Please mail this authorization form along with you Berkele 1947 Ce Be Attn: For assistance, please call Jayla Fuentecilla	eposit slip that includes your name and account information. Ir voided check/savings deposit slip to: ley Housing Authority enter Street, Fifth Floor irkeley, CA 94704 Finance Department at (510) 981-5474 or email: bfuentecilla@ci.berkeley.ca.us
This authority remains in full force and effect until BHA and	the depository have received written notification from me (or either of us) ord BHA and depository a reasonable opportunity to act on it. I also agree on.
Print Name	-
Authorized Signature	Date