

Payee Name: _____ Tenant Name(s): _____
Payee Entity ID: _____ Tenant Entity ID: _____
Payee Address: _____ Tenant Address: _____

Direct Deposit Authorization Agreement

I hereby authorize Santa Clara County Housing Authority (SCCHA) to initiate electronic payment to my account with the Financial Institution indicated below. In the event that funds I am not entitled to are deposited into my account, I authorize SCCHA to initiate a correcting (debit) entry to my account. This authorization is to remain in full force and effect until SCCHA has received written notification from me of its termination in such time and manner as to afford SCCHA and the Financial Institution a 30-day notice.

Name of Financial Institution: _____

Type of Account: ___ Checking ___ Savings

Bank Routing #: _____ Bank Account #: _____

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 Phone Number: _____

Your E-mail Address: _____

Signature: _____ Date: _____

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

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

Or by email: Sec8Accounting@scchousingauthority.org

Santa Clara County Housing Authority (SCCHA) does not discriminate in the provision of housing in accordance with federal, state and local laws. It is the commitment of SCCHA to provide persons with disabilities equal access to housing programs and services. For more information, contact the Section 504 Coordinator at (408) 275-8770; TDD (408) 993-3041.