



\*Payee Name: \_\_\_\_\_ Tenant Name(s): \_\_\_\_\_  
Payee Entity ID: \_\_\_\_\_ Tenant Entity ID: \_\_\_\_\_  
Payee Address: \_\_\_\_\_ Tenant Address: \_\_\_\_\_

**Direct Deposit Authorization Agreement**

I hereby authorize the 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 \_\_\_\_ **(Attach a voided check)**      Saving \_\_\_\_ **(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 e-mail: [Sec&Accounting@scchousingauthority.org](mailto:Sec&Accounting@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.