



Direct Deposit Authorization Form

- Initial Enrollment
- Change
- Checking Account
- Savings Account

I hereby authorize the Housing Authority of the County of San Bernardino (HACSB) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking or savings account (indicated below), and the depository below to credit or debit the same to such account.

Personal / Business Bank Account name

\_\_\_\_\_

Financial Institution (Bank name)

\_\_\_\_\_

9 Digit Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

SSN/TIN of person(s)/business on Bank Account

\_\_\_\_\_

**Each owner or authorized person MUST complete the authorization form. Name on account and Tax ID must match HACSB recorded ownership documents.**

(Please note: The person(s)/business name and SSN/TIN to which the direct deposit is made will receive a 1099 from the HACSB at year end. Therefore, before a direct deposit can be made, the HACSB must have a W-9 on file for the person(s)/business for which the direct deposit will be made.)

Signature \_\_\_\_\_ Phone # \_\_\_\_\_

Signature \_\_\_\_\_ Phone # \_\_\_\_\_

Date \_\_\_\_\_

Please select and attach **only one** of the following:

**Checking:** Attach a voided blank check from the account where the direct deposit will be made. Your name must appear on the account.

**Savings:** Attach a savings account verification form from the bank with your name, address, bank routing number, and account number.

Tenants Name: \_\_\_\_\_

