



Berkeley Housing Authority

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

**PLEASE ATTACH A LIST OF YOUR SECTION 8 TENANTS**

## DIRECT DEPOSIT AUTHORIZATION FORM

**DIRECT DEPOSIT AUTHORIZATION:** 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): \_\_\_\_\_  
(as it appears on the Grant Deed)

Agent: \_\_\_\_\_  
(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#: \_\_\_\_\_  
(MUST match SSN/TIN on W-9 form)

### AGENT POLICY

If payments are to be made in the name of a person or entity acting as an agent of the legal owner BHA must have the following documents:

1. Agent/Management Agreement between the Owner and Agent.
2. BHA Payment and Ownership Declaration form authorizing payments to the Agent.
3. IRS W-9 form in the name of the Agent with the Agent SSN/taxpayer ID number.

\*Note: If payments are made to an agent, the IRS 1099 statement will be mailed in the name of the Agent. If any of these documents have not been received, or if the SSN/TIN does not match, your direct deposit sign up will not be processed. Please download the necessary forms from BHA's website at [www.cityofberkeley.info/bha](http://www.cityofberkeley.info/bha)

### BANK INFORMATION

Depository/Bank: \_\_\_\_\_

Branch Transit/ABA (Routing Number): \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking:  Saving:

City State Zip Code

### MAILING INSTRUCTIONS

For checking account, please attach an original blank check (not a deposit slip) marked "VOID".

For savings accounts, please attach a savings withdrawal/ deposit slip that includes your name and account information.

**Please mail this authorization form along with your voided check/savings deposit slip to:**

**Berkeley Housing Authority  
1947 Center Street, Fifth Floor  
Berkeley, CA 94704  
Attn: Finance Department**

**For assistance, please call Jayla Fuentes at (510) 981-5474 or email: [bfuentecilla@ci.berkeley.ca.us](mailto:bfuentecilla@ci.berkeley.ca.us)**

**\*\*Direct Deposit will be 4-6 weeks after we receive all necessary documentation\*\***

This authority remains in full force and effect until BHA and the depository have received written notification from me (or either of us) of its termination in such time and in such manner as to afford BHA and depository a reasonable opportunity to act on it. I also agree to notify BHA of any changes to my bank account information.

Print Name

Authorized Signature

Date