



# County of San Diego

HEALTH AND HUMAN SERVICES AGENCY  
HOUSING AND COMMUNITY DEVELOPMENT SERVICES  
3989 RUFFIN ROAD, SAN DIEGO, CA 92123  
(858) 694-4801 • FAX (858) 467-9713

## DIRECT DEPOSIT AUTHORIZATION FORM

- Complete the **FINANCIAL INSTITUTION AND LANDLORD/OWNER DATA** portions of this form.
- Send the form **AND AN IMPRINTED, VOIDED CHECK** (\*blank or handwritten checks cannot be accepted if Checking Account is selected) to: **Housing Authority of the County of San Diego, Attn: Fiscal, 3989 Ruffin Road, San Diego, CA 92123.** The Housing Authority fiscal staff will contact you if they have any questions. If you have any questions, please call the Housing Authority fiscal staff at (858) 694-4862; (Fax number: (858) 467-9713).

I hereby authorize the Housing Authority of the County of San Diego, to initiate deposits and/or correcting entries to previous deposits to my account, if necessary.

### FINANCIAL INSTITUTION DATA - PLEASE SELECT EITHER CHECKING OR SAVINGS:

_____Checking Account*	_____Savings Account
Transit Routing No. _____	Transit Routing No. _____
Account No. _____	Account No. _____
_____	_____
Financial Institution Representative	Financial Institution Telephone Number
_____	_____
Name of Financial Institution	Financial Institution Address

This authority will remain in force until I have given a written revocation to the Housing Authority of the County of San Diego, in a time-frame that will allow the Housing Authority of the County of San Diego, and the depository a reasonable opportunity to terminate this authorization.

### LANDLORD/OWNER DATA:

_____	_____
Landlord/Owner Name	Social Security or Tax Identification Number
_____	_____
Landlord/Owner Address	Landlord/Owner Telephone Number
_____	_____
Landlord/Owner Email	
_____	_____
Signature	Date