



2160 41<sup>st</sup> Avenue, Capitola CA 95010-2040  
PH: (831) 454-9455, FAX: (831) 469-3712

Housing Choice Voucher Program (Section 8)  
**LANDLORD DIRECT DEPOSIT AUTHORIZATION**  
**DIRECT DEPOSIT IS NOW REQUIRED FOR ALL LANDLORDS PARTICIPATING IN THE SECTION 8 HOUSING VOUCHER PROGRAM**

I am hereby requesting that the payments I receive from the Housing Authority of the County of Santa Cruz in accordance with the Housing Assistance Payments (HAP) contract be made by direct deposit:

**IF YOU ALREADY HAVE A DIRECT DEPOSIT UNDER YOUR NAME AND TAX ID # YOU DO NOT NEED TO SUBMIT A NEW FORM**

For all rental units under my tax identification number: # \_\_\_\_\_

**Account type:**    Checking     Savings

Name(s) on Account: \_\_\_\_\_

Bank Routing number: \_\_\_\_\_                      Account number: \_\_\_\_\_

**To confirm the banking information above, please include a voided check or deposit slip with a valid routing number for automatic payments. (Please note that many deposit slips have a note indicating that they should not be used for automatic payments. If you see this note on your deposit slip, it cannot be used by the Housing Authority and a voided check should be submitted instead.) This authorization will not be valid unless accompanied by a voided check or a deposit slip with a valid routing number for automatic payments. Mail or fax to the Housing Authority, attention Finance Department.**

Landlord name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

E-mail address (for payment information): \_\_\_\_\_

I understand that any changes to this agreement must be submitted in writing 30 days prior to payment dates.

I hereby authorize the Housing Authority of the County of Santa Cruz to make direct deposit of Housing Assistance Payments to the above account. This authorization will remain in effect until I give 30 days written notice to cancel.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_