

DIRECT DEPOSIT AUTHORIZATION

May 5, 2008

Owner ID

PLEASE COMPLETE THIS FORM AND RETURN TO:

Vacaville Housing Authority
Solano County Housing Authority
40 Eldridge Avenue Suite 2
Vacaville CA 95688

PART 1: Transaction Type

<input type="checkbox"/> New setup	<input type="checkbox"/> Change financial institution
<input type="checkbox"/> Cancellation (Leave Part 4 blank)	<input type="checkbox"/> Change account number
	<input type="checkbox"/> Change account type

PART 2: Payee Identification

1. Owner Tax ID (Social Security Number or Employer Identification Number)		2. Work Phone Number	
3. Name		4. Home Phone Number	
5. Street Address	6. City	7. State	8. ZIP Code

PART 3: Authorization for Setup, Changes, or Cancellation

I hereby request and authorize the to deposit payments by electronic funds transfer into the account specified below and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize that, if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.

This authorization will remain in effect until written notice to terminate is given. The undersigned must allow a reasonable amount of time for initiating or terminating Direct Deposit and is responsible for notification of any change in financial institution information.

9. Authorized Signature	10. Printed Name	11. Date
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PART 4: Financial Institution (Contact your financial institution for this information, if necessary.)

12. Financial Institution Name		13. City	14. State	15. ZIP Code
16. Routing Transit Number	17. Customer Account Number		18. Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
19. Representative Name (Please print)			20. Title	
21. Representative Signature				

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INSTRUCTIONS

PART 1: Transaction Type

Check the appropriate box(es).

NOTE: The payee must review Part 2 and complete Part 3 for all transaction types.

- **NEW SETUP** - Select if payee is not currently on direct deposit.
 - Financial institution representative must complete Part 4.
- **CANCELLATION** - Select if payee wishes to stop direct deposit.
 - Do not complete Part 4.
- **CHANGE FINANCIAL INSTITUTION**
 - The **new** financial institution representative must complete Part 4.
- **CHANGE ACCOUNT NUMBER**
 - Financial institution representative must complete Part 4.
- **CHANGE ACCOUNT TYPE**
 - Financial institution representative must complete Part 4.

PART 2: Payee Identification

The payee must review this section to confirm that all information is accurate. Any changes should be noted in the space provided.

PART 3: Authorization for Setup, Changes, or Cancellation

The individual authorizing must sign, print their name and date the form.

NOTE: No alterations to the text in this section will be allowed.

PART 4: Financial Institution

This section must be completed by the payee or a financial institution representative.

NOTE: Alterations to routing and/or account number must be initialed by the payee.