

TERMS AND CONDITIONS FOR PARTICIPATING IN HOUSING CHOICE VOUCHER PROGRAM DIRECT DEPOSIT PROGRAM



If you are a participating Landlord in the **Housing Choice Voucher Program**, you have the option of having your Housing Assistance Payment (HAP) deposited directly into your account at your financial institution rather than receiving your check by mail.

The following are the terms and conditions for participating in the HACCC Direct Deposit Program.

- 1) Your financial institution must be a member of an Automated Clearing House in order for you to participate in the HACCC Direct Deposit program.
- 2) You must complete this authorization form to enroll in the HACCC Direct Deposit program. A signed and dated form is required for processing. If you have a joint account, both parties must sign the form. **YOU MUST ALSO ATTACH A VOIDED CHECK TO THE DIRECT DEPOSIT AGREEMENT FORM.** Once your form is received, there may be up to a 2-4 week administrative processing period before the enrollment will become effective.
- 3) All funds will be credited no later than the 5th day of each month. You will receive a statement by email with the HAP transaction details and the deposit amount.
- 4) If an electronic transfer is returned to HACCC or for any reason cannot be made to your account, HACCC will investigate the cause and if necessary, will issue and mail a reimbursement check to you. Pending resolution of the electronic transfer problem, you will continue to receive reimbursement checks in the mail. Reinstatement in the HACCC direct deposit program will be determined on a case-by-case basis, and you will be notified of any action taken.
- 5) It is your responsibility to notify HACCC immediately of any changes in your account, such as account closure or change in account number. Complete this form indicating the action is a CHANGE, and specify the new account information. All changes must be received by the 15th of the month prior to the month the direct deposit service is to be processed. There may be up to a 2-4 week administrative processing period before the changes become effective. If there is an interruption in the HACCC direct deposit service, you will receive checks for any HAP amounts owed to you during that time. Attach voided check to any change requests.
- 6) You may cancel your participation in the HACCC direct deposit program at any time by completing this form indicating the action is a CANCEL. The cancellation will take effect as of the date you indicate or as soon as the form is received and processed by HACCC, whichever is later.
- 7) Your financial institution or HACCC may also cancel this agreement. The HACCC reserves the right to automatically cancel your participation in the HACCC direct deposit program for violations of the HAP Contract or notification from the Internal Revenue Service (IRS) or other authorized governmental agency.

If you have any questions regarding this form, the HACCC direct deposit program or any electronic transfers to your account, call Kathy Sosa, Sr. Accounting Clerk, at 1-925-957-8023 Monday through Friday, 8 a.m. to 4:30 p.m.



Housing Authority of the County of Contra Costa
Housing Choice Voucher Program
DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Before completing this form, read the back and make sure you understand the terms and conditions of the agreement. Fill in the boxes below and sign the form. Return the form to the Housing Authority of the County of Contra Costa.
ATTN: Finance Department, P.O Box 2759, Martinez, CA 94553. **(Email address is required)**

Last Name First Name MI

Tax Identification Number/Social Security Number Phone

Action: New Change Cancel
Effective Date: / / --
Month Day Year

Email

Name of Financial Institution

Account Number (Include hyphens but omit spaces and special symbols.)
Type of Account: Checking Savings

Routing Transit Number (All 9 boxes must be filled. The first two numbers must be 01 through 12 or 21 through 32.)
Ownership of Account: Self Joint Other

I certify that I have read and understand the back of this form. By signing this agreement, I authorize the Housing Authority of the County of Contra Costa (HACCC) to initiate credit to the account indicated above for the purpose of payment of Housing Assistance Payment(HAP) obligations. I also authorize HACCC to initiate, if necessary, debit entries and adjustments to any HAP contract(s) for HAP overpayments or HAP errors.

Signature _____ Date _____

If the account is a joint account or in someone else's name, that individual must also agree to the terms stated above by signing below.

Signature _____ Date _____

HOW TO COMPLETE THIS FORM

1. Read the back of the form completely.
2. Fill in all boxes above.
3. Sign and date the form & attach voided check.
4. If the account is not in your name alone, have the other account holder sign also.
5. Mail the form to the address listed above.

- TIP** Call your financial institution to make sure they will accept direct deposits.
- TIP** Verify your account number and routing transit number with your financial institution
- TIP** Do not use a deposit slip to verify the routing number.

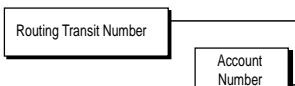
JOHN or MARY PUBLIC 1234
123 Main Street
Your Town, CA 12345 _____ 19 _____

PAY TO THE ORDER OF _____ \$

Your Town Bank DOLLARS
Your Town, CA 12345

For _____

⑆ 25000000 ⑆ 1234556789022 ⑆



NOTE: THE ACCOUNT AND ROUTING NUMBER MAY APPEAR IN DIFFERENT PLACES ON YOUR CHECK.