

**DIRECT DEPOSIT AUTHORIZATION FORM**

Initial Enrollment                       Change                       Checking Account                       Savings Account

I hereby authorize the Housing Authority of the County of San Bernardino (HACSB) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking or savings account (indicated below), and the depository below to credit or debit the same to such account.

Persons / Business Bank Account name \_\_\_\_\_

Financial Institution (Bank name) \_\_\_\_\_

9 Digit Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

SSN/TIN of persons/business on Bank Account \_\_\_\_\_

***Each owner or authorized person MUST complete the authorization form. Name on account and Tax ID must match HACSB recorded ownership documents.***

(Please note: The persons/business' name and SSN/TIN to which the direct deposit is made will receive a 1099 from the HACSB at year end. Therefore, before a direct deposit can be made, the HACSB must have a W-9 on file for the persons/business' for which the direct deposit will be made)

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please select and attach **only one** of the following:

**Checking:** Attach a voided blank check from the account where the direct deposit will be made. Your name must appear on the account.

**Savings:** Attach a letter from your Financial Institution with your name, address, bank routing number, and account number.

**RETURN TO ONE OF THE FOLLOWING OFFICES**

**San Bernardino Office**

672 South Waterman Avenue  
San Bernardino, CA 92408

Phone (909)890-9533  
Fax (909)890-5333 (General)  
(909)890-5315 (AIB)  
(909)890-5310 (Inspections)

**Ontario Office**

424 North Lemon Avenue  
Ontario, CA 91764

Phone (909)983-1318  
Fax (909)983-5002

**Victorville Office**

15465 Seneca Road  
Victorville, CA 92392

Phone (760)243-1043  
Fax (760)243-2123