



Direct Deposit Authorization Form

INSTRUCTIONS: Use this form to update your direct deposit information with the Long Beach Housing Authority. Provide the requested information, sign at the end, and submit to [HACLB-OwnerServices@longbeach.gov](mailto:OwnerServices@longbeach.gov). Incomplete forms are unable to be processed and may be returned.

Note that if you intend to sign up for direct deposit, you must provide a voided check with this form. Scanned or photo copies are acceptable.

If you own/manage multiple properties and tenants in our programs, please include a rent roll or spreadsheet with all your property addresses.

Owner and Property Information

Owner First Name		Owner Last Name	
Property Address			Apt or Unit #
Phone Number (with area code)		Email Address	
Property Management Company (if applicable)			
Tenant Name(s)			

Banking Information

Social Security Number / Tax Identification Number			
Type of Account: Checking Savings		Action: New Change Cancel	
Account Number		Routing Number	
Bank Name		Branch Location	

Attestation

I hereby authorize the Housing Authority of the City of Long Beach to:

- (1) initiate credit entries of my net housing assistance payments, by electronic fund transfer, to my account number listed above at the depository ("Bank") named above; and
- (2) initiate, if necessary, debit entries or adjustments for any credit entries in error. This procedure for direct deposit of my housing assistance payments is in lieu of the check I would otherwise receive.

I will not hold the Housing Authority of the City of Long Beach, or its officers, agents or employees (collectively "Authority") responsible for any delay, loss or misapplication of funds due to:

- (1) to incorrect or incomplete information supplied by me or failure of my depository to correctly credit my account; or
- (2) to any act or omissions by any outside entity (automated clearing house or financial institution). I understand that an unforeseen delay in computer downtime, power outages, or other unavoidable occurrences might affect the date of deposit of funds to my account, and hereby waive any liability due to such delay.

This authority is to remain in full force and effect until the Housing Authority of the City of Long Beach has received written notification from me of its termination.

Authorizing Signature

Today's Date

Print Name

This document may contain information that is privileged and confidential, including protected health information (PHI). The Housing Authority of the City of Long Beach is required to safeguard PHI by applicable state and federal privacy laws. The information in this document is for the sole use of the person(s) or company named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please notify the sender immediately and destroy all copies of the original message.