



1500 Hughes Way, #A-150  
Long Beach, CA 90810  
Tel 562 570-6985  
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www.haclb.org

## DIRECT DEPOSIT AUTHORIZATION

### Instructions for completing this form:

1. Please complete the Tax Identification Number (TIN) with the Owner's Social Security Number or Employer Identification Number
2. Please check the appropriate box for type of Authorization
3. Complete the "Type" box by inserting a "C" for Checking Account deposits or an "S" for Savings Account deposits PHOTOCOPY). **IF YOU SELECT A CHECKING ACCOUNT YOU MUST ATTACH A CURRENT VOIDED CHECK (OR this form cannot be processed and will be returned to you.**
4. Enter the Transit/ABA Number and Account Number in the spaces provided. These numbers can be found on the bottom of your pre-encoded check or obtained from your bank or financial institution. You are responsible for accurately identifying your account number for deposits made to savings accounts. Please check with your bank if you have questions regarding your Transit/ABA Number or Account Number.
5. Print the Bank Name or Financial Institution Name, Branch, Address and City/State/Zip.
6. Sign and date the form.

**SS NUMBER/TAX IDENTIFICATION (TIN):** \_\_\_\_\_

TYPE \_\_\_\_\_ (Checking /Savings)      NEW \_\_\_\_\_      CHANGE \_\_\_\_\_      CANCEL \_\_\_\_\_

TRANSIT/ABA NUMBER \_\_\_\_\_      ACCT NUMBER \_\_\_\_\_

LEGAL NAME (OWNER) \_\_\_\_\_

BANK NAME \_\_\_\_\_      BRANCH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

*I hereby authorize the Housing Authority of the City of Long Beach (1) to 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) to 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 (1) due to incorrect or incomplete information supplied by me or failure of my depository to correctly credit my account, or (2) due 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.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date