



HOUSING AUTHORITY OF THE CITY OF LOS ANGELES
HAP CONTRACT DIRECT DEPOSIT INFORMATION

Direct Deposit for HAP Property Owners/Landlords Only

Important Information

To Sign-up for Direct Deposit, Please Return Direct Deposit Authorization Agreement Form.

Please disregard this notice if you are currently enrolled in Automatic Deposit Program or if you are the family (this form is for Section 8 Department landlords only).

Enrollment is EASY!

- 1. Complete the Authorization Agreement for Automatic Deposit form on the back of this letter. Enter all necessary information on the Authorization form (all owners must sign). Please do not omit any information.
2. Attach an original voided check (deposit slips or temporary checks are not acceptable) for the checking account into which you would like the Housing Authority to deposit the funds; you may write "VOID" across the front of the check and blacken the signature portion of your check. If you are having the funds deposited into a savings account you will need to obtain the correct "Routing Number" from your bank in writing, along with the savings account number, and submit both with the enclosed authorization form.
3. Please deliver, mail, or return via fax the completed form, together with your voided check, to:

Housing Authority of the City of Los Angeles
Attn: Finance Department/Section 8 Payables
2600 Wilshire Blvd., 4th Floor
Los Angeles, CA 90057

Fax Number: 213-383-8249; Attn: Finance Department/Section 8 Payables

If you have any questions, please call 213-252-6189 or email: Finance@hacla.org.

Sample

Account Name must be visible

Sample check form with fields for payee (John Doe, Mary Doe), address (777 Pearl Avenue Anytown, USA), bank (Bank of Success, 222 Diamond Street Anytown, USA), routing number (:123456789:), account number (3232323232), and check number (XXXX). Includes a large 'VOID' watermark and a signature line.

- 4. To expedite the processing of your application, please complete all requests for information on the form. Any information omitted will delay the processing of your application.
5. Please allow 60 to 90 days for your Automatic Deposit application to be processed.



HOUSING AUTHORITY OF THE CITY OF LOS ANGELES
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

For HAP Contracted Property Owners Only

I/We hereby authorize the Housing Authority of the City of Los Angeles, to initiate deposit entries and only if necessary-reverse entries for previous deposits made in error to my/our designated account.

Type of Account (Select One): Checking Account Savings Account

By acceptance of the funds through automatic deposit, the owner(s) certifies that to the best of his/her/their knowledge the dwelling unit is in Decent, Safe and Sanitary Condition; the contracting family is in the unit and is expected to be there for the entire month; the deposited amount is in accordance with the provisions of the Housing Assistance Payment (HAP) Contract and is payable under the HAP Contract; and all other facts and data on which this amount is based are true and correct.

Anyone submitting fraudulent information is subject to fine, imprisonment, or both. (Title 18 U.S.C. 1001)

Written notification of all Owner/Payee changes must be submitted to the HACLA at least thirty (30) days prior to payment date. Please notify Owner Services Department of an address change via email at owner.services@hacla.org or at 833-422-5248.

IMPORTANT INSTRUCTIONS

Checking Accounts: Attach a voided check
Savings Accounts: Attach a letter from the financial institution

AUTHORIZATION

Please deposit my Housing Assistance Payment (HAP) with the following financial institution:

Print Financial Institution Name

Your Financial Institution must be a member of the "Automatic Clearing House (ACH)" for the direct deposit process to be successful. If you are not sure, please check with your financial institution.

Select One Only: New Enrollment Change

Account Number

(Please verify the routing number with your Financial Institution)

Routing Number - ABA Numbers Must Be 9 Digits

Signature Property Owner 1

Print Name

Date

Signature Property Owner 2

Print Name

Date

Signature of Authorized Signatory

Print Name of Authorized Signatory

Date

(Payee Name and Name on Financial Account must match)

Payee Name

Name on Financial Account

Entity/Vendor Number

Phone Number

Email

Please provide one tenant name or tenant address for verification purposes

Would you like all payment groups processed with same application? Yes No