

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



As a landlord in the Housing Choice Voucher Program, you have the option of having your Housing Assistance Payments (HAP) deposited directly into your bank account rather than receiving a check by mail.

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

- 1) Your financial institution must accept ACH payments.
- 2) You must sign and complete the "HACCC Direct Deposit Authorization Agreement" form. You must also attach one of the following:
  - A voided check with the preprinted account holder name, or
  - An account verification letter from your bank which includes routing number, account number, and account holder name

This form and attachment may be returned to our office or mailed to:  
(HACCCFinance Dept, PO Box 2759, Martinez, CA 94553)

- 3) Once your direct deposit submission has been processed (allow 2-4 weeks), your HAP payments will be deposited directly into your bank account and for each deposit an electronic statement will be sent to your email. Normal monthly HAP payments will be deposited to your bank account by the 5th day of each month.
- 4) If for any reason a direct deposit payment cannot be made to your account, HACCC will investigate the cause and reissue payment by physical check until the matter is resolved. HACCC will notify you of any problems and the actions taken.
- 5) Later, if there are any changes to the information submitted in the "HACCC Direct Deposit Authorization Agreement" form, it is your responsibility to notify HACCC and submit an updated form (allow 2-4 weeks for processing).
- 6) The HACCC or your financial institution may cancel this agreement at any time and return to issuing your HAP payments by physical check.

If you have any questions please contact our call center at (925) 957-7001 and they will direct you to the appropriate department.



# HOUSING AUTHORITY OF THE COUNTY OF CONTRA COSTA HOUSING CHOICE VOUCHER PROGRAM DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Before completing this form, make sure you read and understand the attached terms and conditions for participating in the HACCC Direct Deposit Program. Fill in the boxes below and sign the form. Return the form and attachment to our office, or mail to: (HACCC Finance Dept, PO Box 2759, Martinez, CA 94553)

**Account Holder Information must be the same as on the W-9**

Last Name  First Name  MI

Tax Identification Number/Social Security Number  Phone Number

Action   Effective Date    Email Address (REQUIRED)   
 New Change Month Day Year

Name of Financial Institution

Account Number  Type of Account    
 Checking Savings

Routing Transit Number

I certify that I have read and understand the terms and conditions of participating in the HACCC Direct Deposit Program. By signing this agreement, I authorize the Housing Authority of the County of Contra Costa (HACCC) to initiate credits 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 or adjustments to any HAP contract(s) for HAP overpayments or HAP errors.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If the account is a joint account that individual must also agree to the terms above by signing below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: one of the following attachments is required when submitting this form:**

1. A voided check with the preprinted account holder name, or
2. An account verification letter from your bank which includes the routing number, account number, and account holder name

For all other questions contact our call center at (925) 957-7001 and they will direct you to the correct department.

