



SAN FRANCISCO HOUSING AUTHORITY

Section 8 Housing Department

1815 Egbert Street • San Francisco, CA 94124 • (415) 715-3280 office • (415) 715-3294 fax • (415) 467-6754 TTY

REQUEST FOR DIRECT DEPOSIT

SECTION 8 VENDOR INFORMATION

CHECK ONE:			<input type="checkbox"/> LANDLORD	<input type="checkbox"/> AGENT	<input type="checkbox"/> PAYEE
NAME: <i>As appears on your HAP check</i>				Social Security Number:	
VENDOR NUMBER: <i>List the six digit number as appears to the right of the name on your HAP check</i>				TODAY'S DATE:	
CITY:		STATE:		ZIP:	
EMAIL ADDRESS:				In order to receive details of your monthly payments, you must have a personal email address or access to one.	

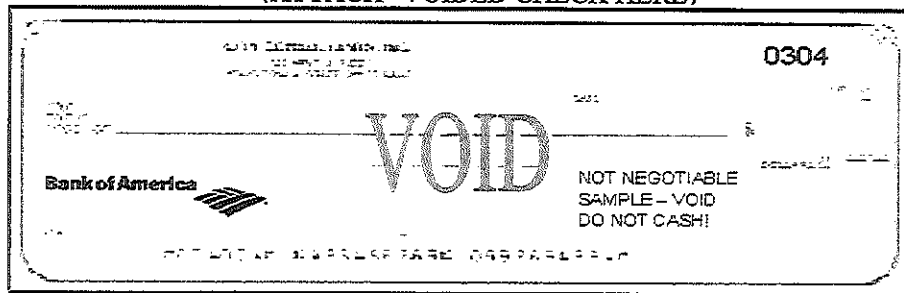
FINANCIAL INSTITUTION INFORMATION

TYPE OF ACTION:		<input type="checkbox"/> NEW	<input type="checkbox"/> CHANGE
BANK NAME:			TYPE OF ACCOUNT:
ABA / TRANS NO.			
ACCOUNT NUMBER:			
<input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING			

(ATTACH "VOIDED CHECK HERE)

NOTE:

Forms without a voided check cannot be processed



Please attach a VOIDED check (or other document as instructed by your financial institution). Please note that deposit slips **DO NOT** have the correct ABA/trans number needed for electronic transfer transactions and should not be used in place of a VOIDED check. Should a VOIDED check or other account verification not be submitted, a delay may occur in the commencement of our direct deposit.

AUTHORIZATION

PRINT NAME:		DATE:
SIGNATURE:		