



Housing Authority of the City and County of San Francisco
Finance Department – Vendor Packet

Vendor Packet

Please complete the information required in this packet and provide the required documents indicated in the checklist below to the Housing Authority of the City and County of San Francisco (Authority). Acceptable forms of signature include signatures written with ink in your own handwriting (i.e., a wet signature), a digital image of a handwritten signature, or a certified digital signature. Please return the completed packet and required documents to the Authority through the following methods:

- **Mail:** Leasing Department, 1815 Egbert Avenue, San Francisco, CA 94124
- **E-mail:** owners@sfha.org

Vendor Checklist	
<input type="checkbox"/>	New Vendor Setup Form
<input type="checkbox"/>	Direct Deposit Form
<input type="checkbox"/>	Voided Check or Letter from Financial Institution
<input type="checkbox"/>	Copy of W-9 <i>Taxpayer Identification Number/SSN</i>



Housing Authority of the City and County of San Francisco
Finance Department – Vendor Packet

New Vendor Setup Form

Vendor Information

Company Name

Tax ID

Street Address

City/State/Zip

E-mail Address

Phone Number

Payee Name

Fax Number

Remit to Address

City/State/Zip

Please check one or more boxes below.

- Minority-Owned Business (MBE) 1099 Vendor Yes No
- Woman-Owned Business (WBE)
- Small Business

Authority Authorization

Requestor's Signature

Date

Print Name

Title

Business Purpose:



Housing Authority of the City and County of San Francisco
Finance Department – Vendor Packet

Direct Deposit Form

Please include a copy of a voided check or a letter from your bank providing confirmation of your account information. If you close your account, receive a new account number, or change your financial institution, please notify the Authority immediately and resubmit this form.

Vendor Information

Name

Social Security Number

Street Address

City/State/Zip

E-mail Address

In order to receive details of your monthly payments, you must have an e-mail address.

Financial Institution Information

Type of Action: New Change

Type of Account: Checking Savings

Bank Name

ABA/TRANS NO (Routing)

Account Number

Property Owner/Agent Signature

Date

I (we) hereby authorize the Authority to initiate credit entries to my (our) account at the depository financial institution named above and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Authority Authorization

Authority Employee Signature

Date