



**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:** Finance Department, 3rd Floor, 1815 Egbert Avenue, San Francisco, CA 94124
- **E-mail:** [APFinance@sfha.org](mailto:APFinance@sfha.org)

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



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## 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:



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## 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