



Housing Authority

# City of South Gate

8650 CALIFORNIA AVENUE • SOUTH GATE, CALIFORNIA 90280-3075 • (323) 563-9534  
HOURS OF OPERATION: MONDAY – THURSDAY FROM 7:00 A.M. TO 5:30 P.M. • Fax (323) 563-5751

January 14, 2013

***RE: New Direct Deposit option available March, 2013***

Dear Landlord:

This letter is to inform you the Housing Authority will be “going green” by offering direct deposit of the monthly Housing Assistance Payments you receive on behalf of participants in the Housing Choice Voucher program. **This option will be available after March 1, 2013.**

The advantages of direct deposit:

1. No more waiting for the check to be delivered by mail.
2. Access to funds by midnight on the first business day of the month (please check with your bank for actual availability).
3. No more lost checks.
4. Check stubs will continue to be mailed to you.

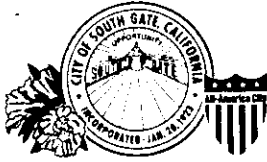
A Direct Deposit Sign-up Form is included. After receipt of your completed form, the process may take up to thirty (30) or more days to complete. Please know you will have internet access to your payment history and detail.

We hope direct deposit will be a benefit to you while continuing your valued participation in the Housing Choice Voucher program. If you have any questions, please contact Vanessa Fernandez at (323) 563-9590.

Cordially,

Vivian M. Garcia

Housing Administrator



Housing Authority

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## DIRECT DEPOSIT

### IMPORTANT INFORMATION

Please return Authorization Agreement Form

#### 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 or Authorized Signatories must sign). Please do not omit any information.
2. Attach an original voided check (photocopy of 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 "**ABA Routing Number**" from your bank, along with the savings account number and submit it with the enclosed authorization form.
3. Please return the completed form, together with your voided check, to the SOUTH GATE HOUSING AUTHORITY, 8650 California Avenue, South Gate, CA 90280-3075. If you have any questions, please call (323) 563-9599. Please do **not** fax or email your form to the Housing Authority.

My Name		1234
My Address		
City, State Zip		
DATE: _____		
PAY TO THE ORDER OF: _____		\$ _____
		DOLLARS
The Bank Name		
Address		
Phone Number		
Memo: _____		
00112345678901	11234	1123456789
ABA Routing Number	Check Number	Account Number

4. To facilitate the process of your application, please complete all the blanks in the form. Any information required on the form left blank would delay the process of the application.

## SOUTH GATE HOUSING AUTHORITY AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

I hereby authorize the South Gate Housing Authority, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to our account designated.

**Select one only:**    ☐ Checking Account    or    ☐ Savings Account

For a savings account, please obtain the correct transit **ABA Routing** and **Account Number** from your financial institution.

By acceptance of the funds through direct deposit, the owner certifies that to the best of his/her knowledge the dwelling unit is in Decent, Safe, and Sanitary Condition; the contracting family is in the unit and is expected to be there 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 or imprisonment.  
Title 18 U.S.C. 1001**

Written notification of all changes must be submitted to the South Gate Housing Authority at least thirty (30) days prior to payment date. If you change your current address or account number please remember to update your address with the Housing Authority.

**IMPORTANT: You Must Attach A Voided Check For Deposits Made To  
Checking Accounts**

### Please Deposit My Housing Assistance Payment With the Following Bank

**Bank Name (Print):** \_\_\_\_\_

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

**ABA Routing Number**  (please verify routing number with your bank)

**Owner Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Owner Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Signature of Authorized Signatory:** \_\_\_\_\_

**Print Name (Authorized Signatory):** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Payee Name:** \_\_\_\_\_

**For verification, please provide Tenant Name or one unit address:** \_\_\_\_\_

**Account Number**     ☐ Checking or ☐ Savings