



1619 Harrison Street  
Oakland, CA 94612  
(510) 587-2100

## Direct Deposit Is Here!

As part of our continuing effort to streamline business processes, OHA is now converting monthly Housing Assistance Payments (HAP) to direct deposit. Your payments can now be deposited directly into your bank account every month. This means no more waiting for the check to come in the mail, no lost checks and no unnecessary trips to the bank! *You will still receive a statement every month showing you the amount OHA paid for each of your Section 8 HAP contracts.*

### DIRECT DEPOSIT AUTHORIZATION

I (We) hereinafter called Owner or Agent, hereby authorize the Oakland Housing Authority, hereinafter called OHA, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below at the financial institution named below, hereinafter called Depository, to credit and/or debit the same to such account.

Legal Owner \_\_\_\_\_ Agent \_\_\_\_\_

(If different from owner, see Agent Policy below)

Landlord Vendor # \_\_\_\_\_

SSN/Taxpayer ID No. \_\_\_\_\_ Phone No. \_\_\_\_\_  
(Must match SSN/TIN on W-9 Form)

#### AGENT POLICY

If payments are to be made in the name of a person or entity acting as an agent of the legal owner OHA must have the following documents:

1. Agent/Management Agreement between the Owner and Agent.
2. OHA Payment and Ownership Declaration form authorizing payments to the Agent.
3. IRS W-9 form in the name of the Agent with the Agent SSN/taxpayer ID number.

\*Note: If payments are made to an Agent, the IRS 1099 statement will be mailed in the name of the Agent. *If any of these documents have not been received, or if the SSN/TIN does not match, your direct deposit sign up will not be processed. Please download the necessary forms from OHA's website at [www.oakha.org](http://www.oakha.org).*

Depository/Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Transit/ABA (Routing) Number: \_\_\_\_\_ Account Number \_\_\_\_\_

Checking:  Saving:

This authority remains in full force and effect until OHA and the depository have received written notification from me (or either of us) of its termination in such time and in such manner as to afford OHA and the depository a reasonable opportunity to act on it. I also agree to notify OHA of any changes to my bank account information.

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

### MAILING INSTRUCTIONS

For checking accounts, please attach an original blank check (not a deposit slip) marked "VOID". For savings accounts, please attach a savings withdrawal/ deposit slip that includes your name and account information.

***Please mail this Authorization form along with your voided check/ savings deposit slip, W-9 form and any missing Agent documentation (listed above) to:***

**Oakland Housing Authority  
1619 Harrison Street  
Oakland, CA 94612  
ATTN: Section 8 Accounting**

**For assistance, please call the W-9/Direct Deposit Info Line at (510) 874-1623**

**\*\*Direct Deposit will begin 4-6 weeks after we receive all necessary documentation\*\***