



Direct Deposit Authorization Form for Change of Account

Instructions: Please use this form if you are already enrolled in direct deposit with the Housing Authority of the County of San Bernardino (HACSB) and are changing your bank account.

I hereby authorize HACSB to initiate credit entries and to initiate, if necessary, debit entries for adjustments to any credit entries made in error to my account (indicated below), and the depository below to credit or debit the same to such account.

Personal / Business Bank Account name: _____

Financial Institution (Bank name): _____

9 Digit Routing Number _____

Bank Account Number _____

SSN/TIN of person(s)/business on Bank Account _____

Each owner or authorized person MUST complete the authorization form. Name on account and Tax ID must match HACSB recorded ownership documents.

(Please note: The person(s)/business name and SSN/TIN that receive the direct deposit will receive a 1099 from the HACSB at year end. Therefore, before a direct deposit can be initiated, the HACSB must have a W-9 on file for the person(s)/business that will be receiving the direct deposit.)

Signature _____ Phone # _____

Signature _____ Phone # _____

Date _____

Please select and attach **only one** of the following:

- Checking:** Attach a voided blank check from the account where the direct deposit will be made. Your name must appear on the account.
- Savings:** Attach a savings account verification form from the bank with your name, address, bank routing number, and account number.

Tenants Name: _____

You may submit this information and a copy of your account verification via email (scan and attach) to processingteam@hacsb.com or mail to one of the addresses listed below:

San Bernardino Office
672 S Waterman Ave
San Bernardino, 92408

Upland Office
1200 N Campus Ave
Upland, 91786

Victorville Office
15465 Seneca Rd
Victorville, 92392