



**HOUSING AUTHORITY OF THE CITY
OF LIVERMORE**
3203 LEAHY WAY
LIVERMORE, CALIFORNIA 94550
www.livermoreha.org

(925) 447-3600
Fax (925) 447-0942
TDD/TTY (800) 545-1833 x917

Direct Deposit Authorization Form

Business Name: _____

Owner/Property Manager Name: _____

Property Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: _____

Bank Name: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

Account Number: _____

Routing Number: _____

Last Four Digits of SSN or TIN: _____

Please attach a voided
check for checking accounts
or a deposit slip for savings
accounts.

I hereby authorize the Housing Authority of the City of Livermore to initiate deposits to my account at the financial institution indicated above. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the Housing Authority of the City of Livermore in writing of any changes to my account information or termination of this authorization at least 30 days prior to the next payment date.

Signature: _____

Date: _____

For questions, please contact Jenny King at jking@livermoreha.org or (925) 447-3600 x212