



Area Housing Authority of the County of Ventura

1400 West Hillcrest Dr. Newbury Park, CA 91320-2721
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Serving Camarillo, Fillmore, Moorpark, Ojai, Simi Valley, Thousand Oaks, and the unincorporated areas of Ventura County

LANDLORD DIRECT DEPOSIT AUTHORIZATION FORM

I/We hereby authorize the Area Housing Authority of the County of Ventura (AHACV), to initiate deposit entries and only if necessary reverse entries for previous deposits made in error to my/our designated account.

Type of Account (Select One): New Enrollment Change

IMPORTANT

For checking accounts: Attachment of a voided check is **required**.
For savings accounts: Attach a letter from the financial institution

Please Deposit My Housing Assistance Payment at the Following Bank

Select One Only: Checking Account Savings Account

Depository (Bank) Name _____
(Name of Bank, Credit Union, etc.)

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

Bank Routing Number _____

Bank Account Number _____

Payee Name _____

Payee Tax Identification Number (SSN or EIN) _____

Vendor Number _____

Owner/Landlord Name _____

Tax Identification Number (SSN or EIN) _____

Contact Phone Number _____

Email Address _____

(Required. Payment information will be provided via email.)

Signature (Owner or Authorized Representative) _____ Date _____

Printed Name (Owner or Authorized Representative) _____

By acceptance of the funds through automatic deposit, I certify that I am in accordance with the provisions of the Housing Assistance Payment (HAP) Contract; and all other facts and data on which this amount is based are true and correct. This authorization will remain in effect until written notice is provided to AHACV at least thirty (30) days in advance or termination of the HAP contract(s).

Written notification of all Owner/Payee changes must be submitted to the AHACV at the address below at least (30) days prior to payment date. Notify Finance Department of an address change via email at accta@ahacv.org or fax to (805) 480-1021. Form and voided check may be returned via email at accta@ahacv.org or mailed to 1400 West Hillcrest Drive, Newbury Park, CA, 91320.

Para recibir asistencia, por favor de enviar un email a accta@ahacv.org.