DIRECT DEPOSIT AUTHORIZATION

PLEASE COMPLETE THIS FORM AND RETURN TO:

HOUSING AUTHORITY OF THE COUNTY OF MERCED; ATTN: MILA ZIMINA; 405 U ST; MERCED, CA 95341

A VALID E-MAIL ADDRESS IS REQUIRED FOR DIRECT DEPOSIT A "VOIDED" CHECK IS REQUIRED FOR DIRECT DEPOSIT

| PLEASE PRINT CLEARLY PART 1: Transaction Type | | | | | |
|--|--|--|--|---------------------|--|
| □ New Setup □ Cancellation (Leave Part 4 Blank) □ | | ☐ Change A | ☐ Change Account Number | | |
| PART 2: Payee Identification | | | | | |
| Owner Tax ID (Social Security Number or Employer Identification Number) | | Work Phone Number | Work Phone Number Home Phone Number | | |
| Name E-ma | | Address (Required for Direct Deposit) | | | |
| Street Address | City | | State | Zip | |
| I hereby request and authorize The Housing Authority of funds transfer into the account specified below and, if nedeposited electronically in error. I recognize that, if I fail that authorization form, the processing of the form may be deelectronically. This Authorization will remain in effect until written notice amount of time for initiating Direct Deposit and is responsinformation or email address or mailing address. Authorized Signature | cessary, debit entries to provide complete layed or that my pay to terminate is give | s and adjustments for an and accurate information ments may be erroneous. The undersigned mus | ny amounts n on this sly transferi | red | |
| PART 4:Financial Institution (Contact Your Financial | cial Institution For Que | stions) Attach A Voi | ded Che | ck | |
| Financial Institution Name | City | , | State | Zip | |
| Routing Transit Number Customer Account Number | | | Type Of Ac | | |
| ATTACH \ | /OIDED | CHECK | | Checking Savings | |

DIRECT DEPOSIT AUTHORIZATION

Please Contact Mila Zimina for Questions. 209-722-3501 ext. 106

milaz@merced-pha.com

When a Direct Deposit is made to the account specified, you will receive an email, notifying you that an ACH has been made, and you will also receive an attachment with a Statement of your Payment with this email.

INSTRUCTIONS

PART 1: Transaction Type

Check the appropriate box(es).

NOTE: The payee must review Part 2 and complete Part 3 for all transaction types.

A valid E-mail Address is required for Direct Deposit.

- o **NEW SETUP** Select if payee is not currently on direct deposit.
 - Financial institution representative must complete Part 4 if necessary.
- o **CANCELLATION** Select if payee wishes to stop direct deposit.
 - Do Not complete Part 4.
- CHANGE FINANCIAL INSTITUTION Contact NEW Financial Institution
 For Questions
- CHANGE ACCOUNT NUMBER Financial institution representative or Payee may
 Complete Part 4 if necessary.
- CHANGE ACCOUNT TYPE Financial institution representative or Payee may
 Complete Part 4 if necessary

PART 2: Payee Identification

The payee must review this section to confirm that all information is accurate. Any changes should be noted in the space provided.

PART 3: Authorization for Setup, Changes, or Cancellation

The individual authorizing must sign, print their name and date the form.

NOTE: No alterations to the text in this section will be allowed.

PART 4: Financial Institution

This section may be completed by the Payee or a Financial Institution Representative if necessary.

NOTE: Alterations to routing and/or account number must be initialed by the payee.

• ATTACH A "VOIDED" CHECK - To the front of this form.

Mail your completed form to: Housing Authority of the County of Merced

Attn: Mila Zimina 405 U Street Merced, CA 95341

Or EMAIL completed form and VOIDED check to milaz@merced-pha.com

PLEASE NOTE THAT AN EMAIL ADDRESS IS REQUIRED TO RECEIVE DIRECT DEPOSIT PAYMENTS