



Housing Choice Voucher Program (Section 8)

LANDLORD DIRECT DEPOSIT CHANGE
DIRECT DEPOSIT IS NOW REQUIRED FOR ALL LANDLORDS PARTICIPATING
IN THE SECTION 8 HOUSING VOUCHER PROGRAM

I am hereby requesting that the Direct Deposit payments for the above be **CHANGED** to the following:

Account type: * Checking ** Savings

Name(s) on Account: _____

Bank Routing number: _____ Account number: _____

Please attach a *voided check or ** savings deposit slip for the new account. This change will not be valid unless accompanied by a voided check or deposit slip. Mail or fax to the Housing Authority, attention Finance Department.

Landlord name: _____

Landlord Address: _____

Phone Number: _____

E-mail address (to confirm cancelation/change): _____

I understand that this cancelation and/or change may take up to 30 days to take effect.

I hereby authorize the Housing Authority of the County of Santa Cruz to cancel and/or change the direct deposit of Housing Assistance Payments to the above account.

Signature: _____

Date: _____

Print name: _____