



HOUSING AUTHORITY of the County of Butte

(530) 895-4474
FAX (530) 895-4459
TDD/TTY (800) 735-2929
(800) 564-2999 Butte County Only
WEBSITE: www.butte-housing.com
2039 Forest Avenue • Chico, CA 95928

Housing Choice Voucher Program (Section 8)
LANDLORD DIRECT DEPOSIT AUTHORIZATION

I hereby request the payments I receive from the Housing Authority of the County of Butte (HACB) in accordance with the Housing Assistance Payment (HAP) contract be made by Direct Deposit:

[] For all my rental units OR

[] This (these) rental unit(s) only, for which I currently receive a separate payment:

Address(es): _____

[] New direct deposit application

[] Updated direct deposit application

Tax Identification Number (SSN or EIN): _____

Name(s) on Bank Account: _____

Bank Routing No: _____ Account No: _____

Please attach a VOIDED CHECK or a copy of a voided check and return with this completed form to the Housing Authority, ATTN: Accounting. This authorization will NOT be valid unless accompanied by a voided check.

Payee Name: _____

Payee Address: _____

Phone Number: _____

Email Address: _____

Remittance information will not be mailed; however, you will have access to a website to review your payment history as per the enclosed letter.

Your Direct Deposit application may take up to thirty (30) days to be effective.

I hereby authorize HACB to make Direct Deposits of HAP to the above account. I further understand this authorization will remain in effect until written notice is provided to HACB thirty (30) days prior to payment dates.

Signature of Landlord or Authorized Agent Date

Printed Landlord or Authorized Agent Name Date



The Housing Authority is an equal opportunity employer and housing provider.

