



**Community Development Commission
Of Mendocino County**

1076 N State St., Ukiah, CA 95482
Phone (707)463-5462 Fax (707)463-4188

**HOUSING ASSISTANCE PAYMENT
Payee Authorization**

Housing Agent:	Tenant Name:
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PART 1A: Transaction Type

<input type="checkbox"/> New Account	<input type="checkbox"/> Change Account (Specify in Part 1B)	<input type="checkbox"/> Cancel Account
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PART 1B: Change Reason (Not required for New Account)

<input type="checkbox"/> Change Tax ID - Previous Tax ID:	
<input type="checkbox"/> Change Address (Skip Part 4)	<input type="checkbox"/> Payee Name (Skip Parts 3 & 4)
<input type="checkbox"/> Change Financial Information (Skip Part 3)	<input type="checkbox"/> Other:

PART 2: Payee Information

Payee Name (Must Match IRS W-9 Form)										
Tax ID (Must be 9-digit number)										
Social Security Number (SSN)					-			-		
OR										
Federal Employer Identification Number (FEIN)					-					
Type of Ownership (Must Match IRS W-9 Form)										
<input type="checkbox"/> Individual/Sole Proprietorship	<input type="checkbox"/> Partnership							<input type="checkbox"/> Limited Liability Company (LLC)		
<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation							<input type="checkbox"/> Trust/Estate		
<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Public Housing Authority (PHA)									

PART 3: Contact Information

Physical Address (Cannot be a P.O. Box)				
		City:	State:	Zip Code:
Mailing Address (P.O. Box allowed)		<input type="checkbox"/> Check if same as above.		
		City:	State:	Zip Code:
1099 Address (P.O. Box allowed)		<input type="checkbox"/> Check if same as above.		
		City:	State:	Zip Code:
Work Phone:	Home Phone:	Cell phone:	Fax:	
Email:				

Payee Name (Must match IRS W-9 Form)	Last 4 Tax ID:
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PART 4: Financial Information for Direct Deposit

Name of Financial Institution											
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings											
Ownership of Account <input type="checkbox"/> Individual (Self) <input type="checkbox"/> Business <input type="checkbox"/> Joint											
Routing Transit Number											
Customer Account Number											

TIP Call your financial institution to make sure they will accept direct deposits.

TIP Verify your account number and routing transit number with your financial institution

TIP Do not use a deposit slip to verify the routing number.

JOHN or MARY PUBLIC	1234
123 Main Street	_____ 19 _____
Your Town, CA 12345	
PAY TO THE ORDER OF _____	\$ <input style="width: 50px;" type="text"/>
Your Town Bank	DOLLARS
Your Town, CA 12345	
For _____	

NOTE: THE ACCOUNT AND ROUTING NUMBER MAY APPEAR IN DIFFERENT PLACES ON YOUR CHECK.

PART 5: Authorizing Signature

By signing this authorization form, I permit the Community Development Commission of Mendocino County (CDC) to deposit payments by electronic funds transfer into the account specified in Part 4. I also authorize the debit of amounts deposited in error and any financial adjustments deemed necessary by the Authority.

I understand that providing incomplete or inaccurate information may delay my payments.

This authorization will remain in effect until CDC has received written notice from the undersigned to terminate financial transactions. The undersigned is responsible for notifying the Authority of any change in information contained within this agreement.

Printed Name of Account Owner	
Signature of Account Owner X	Date:

Please complete both sides of this form and return to:

Please Attach A Voided Check With Your Paperwork!



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**HOUSING ASSISTANCE PAYMENT
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Please retain for your record

Terms and conditions for Payment with the
Community Development Commission of Mendocino County
Housing Choice Voucher Program

If you are participating in the Housing Choice Voucher Program, your Housing Assistance Payment will be directly deposited into your checking or savings account at the financial institution of your choice.

The following are the terms and conditions for receiving payments:

1. You must complete this authorization form in its entirety. A legible, signed, and dated form is required for processing. You must attach a voided check to the *Payee Authorization* form. Once your form is received, there may be a 2-4 week administrative processing period before the enrollment will become effective.
2. All funds will be credited to your bank account no later than the 5th calendar day of each month.
3. EFT Statements will be sent via email. No paper statements will be mailed. It is your responsibility to keep your email updated to ensure proper notification of EFT payments.
4. If a payment cannot be made to your bank account or if the payment is returned to CDC, all future payments will be held while the cause is investigated. Reinstatement of payment will be determined on a case-by-case basis and you will be notified of the action taken.
5. It is your responsibility to notify CDC immediately if there are any changes to your account information, including, but not limited to, account closure or a change in your account number. Complete the *Payee Authorization* form by marking the CHANGE box and specify the new account information. Attach a voided check to any change requests. All changes must be received by the 15th of the month prior to the month the payment is to be processed. There may be a 2-4 week administrative processing period before the changes become effective.
6. CDC reserves the right to cancel your participation in the Housing Choice Voucher Program for program violations or if notification is received from the Internal Revenue Service (IRS) or other authorized governmental agency.

If you have any questions regarding the *Payee Authorization* or *W-9* forms, please send your inquiry to info@cdhousing.org.