



Housing Authority of the County of Monterey
123 Rico St. Salinas, CA 93907
Office (831) 775-5000 • Fax (831) 424-2970 • TTD (831) 754-2951

**Landlord Authorization Agreement Change
for Housing Assistance Payment Direct Deposit**

- I am hereby requesting that the Direct Deposit payments be CANCELLED.
- I am hereby requesting that the Direct Deposit payments be CHANGED to the following:

Make Your Selection Below and Complete Items As Needed:

___ Savings Account
___ Checking Account

Be sure to include a copy of a voided check

Bank Institution Name: _____

Bank Routing or ABA #: _____

Bank Account #: _____

I am hereby requesting that the payments I receive from the Housing Authority of the County of Monterey in accordance with the Housing Assistance Payments (HAP) contract be made by direct deposit:

For all rental units under my tax identification number: # _____

OR

This rental unit only: Address: _____

Authorization Given By:

Landlord Name: _____ Vendor # _____

Landlord Signature: _____ Date: _____

Landlord E-Mail Address: _____

Landlord Phone Number: _____

(Required for payment notification)

Office Use Only:

Entered: _____