



# Housing Authority

# City of **NORWALK**

12700 NORWALK BLVD., P.O. BOX 1030, NORWALK, CA 90651-1030 \* PHONE: 562/929-5588 \* FACSIMILE: 562/929-5537 \* WWW.NORWALKCA.GOV

## DIRECT DEPOSIT FACT SHEET

### Here is how to sign-up:

1. Complete the Direct Deposit Authorization form on the back of this form.
2. **Attach a voided check** (Do NOT attach a deposit slip)
3. Return it to the Norwalk Housing Authority, 12700 Norwalk Blvd., Room 11, Norwalk, CA 90650

Depending on when during the month we receive your information, your direct deposit may start on the 1st or 2nd business day of the next month. If you need assistance with completing the Direct Deposit Authorization form, call Kristin Maithonis at (562) 929-5588.

### INSTRUCTIONS

#### PART 1: Transaction Type

- Check the box next to "New Setup"

#### PART 2: Payee Identification

- Please provide all requested information and to ensure accuracy, attach a voided check.

#### PART 3: Authorization for Setup, Changes, or Cancellation

- The payee must sign, print their name and date the form.

#### PART 4: Financial Institution

- See sample below to complete this section.

12. Financial Institution Name <i>Union Bank of California</i>	13. City <i>Norwalk</i>	14. State <i>CA</i>	15. Zip Code <i>90650</i>
16. Routing Transit Number <i>1220-0049-6</i>	17. Customer Account Number <i>0123456789</i>	18. Type of Account <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	

**1033**

DATE: \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

**BANK** → UNION BANK OF CALIFORNIA  
BRANCH → NORWALK #43  
12221 S. NORWALK BLVD., NORWALK, CA 90650  
800 238 4486

DOLLARS

FOR \_\_\_\_\_

⑆ 122000496 ⑆ ⑆ 0123456789 ⑆ 1033

ROUTING TRANSIT NUMBER      ACCOUNT NUMBER

# DIRECT DEPOSIT AUTHORIZATION

PLEASE COMPLETE THIS FORM AND RETURN TO:

City of Norwalk Housing Authority  
12700 Norwalk Blvd., Room 11  
P.O. Box 1030  
Norwalk, CA 90651-1030

## PART 1: Transaction Type

<input type="checkbox"/> New setup	<input type="checkbox"/> Change financial institution
<input type="checkbox"/> Cancellation <i>(Leave Part 4 blank)</i>	<input type="checkbox"/> Change account number
	<input type="checkbox"/> Change account type

## PART 2: Payee Identification

1. Owner Tax ID <i>(Social Security Number or Employer Identification Number)</i>		2. Work Phone Number	
3. Name		4. Home Phone Number	
5. Street Address	6. City	7. State	8. ZIP Code

## PART 3: Authorization for Setup, Changes, or Cancellation

I hereby request and authorize the to deposit payments by electronic funds transfer into the account specified below and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize that, if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.

This authorization will remain in effect until written notice to terminate is given. The undersigned must allow a reasonable amount of time for initiating or terminating Direct Deposit and is responsible for notification of any change in financial institution information.

9. Authorized Signature	10. Printed Name	11. Date
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## PART 4: Financial Institution

12. Financial Institution Name	13. City	14. State	15. ZIP Code
16. Routing Transit Number	17. Customer Account Number	18. Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	