

HOUSING AUTHORITY of the CITY OF OXNARD

435 South D Street
Oxnard, California 93030
Attn: Hermila Hernández
Phone: (805) 385-7960



**LANDLORD DIRECT DEPOSIT AUTHORIZATION
SECTION 8 - HOUSING CHOICE VOUCHER PROGRAM**

I/We hereby authorize that the payments I/we receive from the Housing Authority of the City of Oxnard (OHA) in accordance with the Housing Assistance Payment (HAP) contract be made by Direct Deposit:

Legal owner: _____

Agent (if any): _____

Tax Identification Number (SSN or EIN): _____
must match TIN on W9 form

Email Address: _____

Phone Number: _____

If payments are to be made in the name of a person or entity acting as an agent of the legal owner, OHA must have the following documents:

1. Property Management Agreement between owner and agent with clause authorizing payments to agent.
2. IRS W9 form in the name of the agent with corresponding taxpayer ID number.

Name(s) on Bank Account: _____
please print

Bank Routing No: _____ **Account No:** _____

Type of account: (check one) **Checking** **Savings**

For checking accounts, please attach an original blank check (not a deposit slip) marked "VOID". For saving accounts, please attach a savings deposit slip that includes payee name and account information.

Remittance information will not be mailed; however, you will receive remittance advice via the valid e-mail address provided above. **IRS rules require only one Landlord account per tax identification number for 1099 purposes.**

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I hereby authorize OHA 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 OHA thirty (30) days prior to payment dates.

Signature of Landlord or Authorized Agent

Date

Printed Landlord or Authorized Agent Name

As always, please notify the OHA of any changes in property ownership, change of address or tenant occupancy immediately.

Please submit completed form and voided check to;

Fax to: (805) 385-7969 *Scan e-mail to:* hermila.hernandez@oxnard.org

