

**Oxnard Housing Authority**

435 South D Street  
Oxnard, CA 93030  
Phone: (805) 385-7960



**OWNER DIRECT DEPOSIT AUTHORIZATION  
SECTION 8 – HOUSING CHOICE VOUCHER PROGRAM**

I/We hereby authorize that the payments I/we receive from the Oxnard Housing Authority (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 owner account per tax identification number for 1099 purposes.**

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 Owner of Authorized Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Owner 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:

Attn: Hermila Hernández  
Email: [hermila.hernandez@oxnard.org](mailto:hermila.hernandez@oxnard.org)  
Fax: (805) 385-7969