



Housing Choice Voucher Program (Section 8)

**LANDLORD DIRECT DEPOSIT CHANGE**  
**DIRECT DEPOSIT IS NOW REQUIRED FOR ALL LANDLORDS PARTICIPATING**  
**IN THE SECTION 8 HOUSING VOUCHER PROGRAM**

I am hereby requesting that the Direct Deposit payments for the above be **CHANGED** to the following:

**Account type:** \* Checking  \*\* Savings

Name(s) on Account: \_\_\_\_\_

Bank Routing number: \_\_\_\_\_ Account number: \_\_\_\_\_

**Please attach a \*voided check or \*\* savings deposit slip for the new account. This change will not be valid unless accompanied by a voided check or deposit slip. Mail or fax to the Housing Authority, attention Finance Department.**

Landlord name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail address (to confirm cancelation/change): \_\_\_\_\_

I understand that this cancelation and/or change may take up to 30 days to take effect.

I hereby authorize the Housing Authority of the County of Santa Cruz to cancel and/or change the direct deposit of Housing Assistance Payments to the above account.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_