NEW VOLUNTARY RENT PAYMENT METHOD for Public Housing Tenants only

IMPORTANT INFORMATION
Please return Authorization Agreement form

Enrollment is EASY!


2. Attach an original voided check (deposit slips or temporary checks are not acceptable) for the checking account from which you would like the Housing Authority to withdraw the funds; you may write “VOID” across the front of the check and blacken the signature portion of your check.

3. Please return the completed form, together with your voided check, to the Marin Housing Authority - 4020 Civic Center Drive, San Rafael, CA 94903. ATTN: Finance – ACH Debit Transfer. If you have any questions, please call Anka Bayar (415)-491-2557

4. We will not sign up tenants who have outstanding unpaid balance for rent which includes rent and retroactive rent balances. Also, we will not process ACH debit transfers for any tenants who have pending termination notices or evictions.

5. To expedite the processing of your application, please complete all requests for information on the form. Any information omitted will delay the processing of your application. Please allow 40 to 60 days for your first Automatic Bank Deposit application to be processed.

For assistance in completing this, please contact

GGV/ Kruger Pines – Cynthia Green 415-446-7053
Casa Nova/ Homestead Terrace - Gayle Suits – 415-491-2581
Venetia Oaks/Golden Hinde - Kathleen O’Keefe – 415-446-7661
AUTORIZATION AGREEMENT FOR ACH DEBIT TRANSFER

I hereby authorize the Housing Authority of the County of Marin (“MHA”) to initiate debt entries to my Checking Account/Savings Account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same from such account in the amount indicated on the monthly rent statement.

MHA is authorized to debit my account for the amount of my monthly balance due including rent and other charges for my residential property until MHA receives a written letter signed by me at least fifteen (15) days prior to the effective cancellation date. MHA can cancel this Agreement at its sole discretion or if two or more bank returns are received in six (6) months. Any return for insufficient funds, or closed or none-existent account will be assessed a service charge pursuant to your lease with MHA. The withdrawal will be made on the fifth (5th) day of each month. If the fifth (5th) day is a Saturday, Sunday, or holiday the withdrawal will be made on the next business day. I represent that the undersigned is a signer authorized to initiate this debit transfer from the account designated below.

Action:

☐ ☐ ☐
New Change Cancel

Tenant Information:

Name: ____________________________________________
Street Address: ____________________________________
City, State & Zip: ____________________________________
Phone Number: ____________________________________
Signature: ___________________________ Date __________

Financial Institution Information:

Bank Name: ____________________________________________
Account Type: ☐ Checking ☐ Savings
Account Number: ____________________________________________
Bank Routing Number: ____________________________________________

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Practices Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Information requested on this form is used by the MHA Public Housing Program for the purposes of identification and enrollment processing. Failure to provide the mandatory information may result in the enrollment action not being processed or processed incorrectly.

Revised 7.2016