



Concho Valley Community Action Agency

36 E. Twohig, Ste. B2
San Angelo, TX 76903

www.cvcaa.org

phone - 325-653-2411

fax - 325-658-3147



Enrollment and Modification Form for Electronic Payments

This form authorizes CVCAA to deposit or modify electronic monthly payments to landlords

INSTRUCTIONS

Please complete all sections of this enrollment form.

SECTION 1: PROCESS TYPE

Please check one:

(Check the Enrollment box to sign up for EFT. Check the modification box only if you are currently enrolled and are making changes to your financial information. If you are modifying the account information for more than one tenant/customer ,attach a tenant/customer list.)

Enrollment	Types of Modification
Modification	<ul style="list-style-type: none"> • Bank Account • Landlord/Payee • Address of: Landlord Payee Tenant • Other

SECTION 2: LANDLORD/ PROPERTY MANAGEMENT INFORMATION (PLEASE NOTE, ALL FIELDS ARE MANDATORY)

Landlord Name	
Business (Property) Name	
Is the Landlord also the Payee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Landlord Office Address	
Landlord Mailing Address (if different)	
Landlord Phone Number	
Landlord Email Address	

SECTION 3: PAYEE INFORMATION (PLEASE NOTE, ALL FIELDS ARE MANDATORY)

Payee Name (as it appears on W9)	
Payee Business Name	
Payee Mailing Address	
Payee Phone Number	
Payee Email Address	



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SECTION 4: BANK ACCOUNT INFORMATION (PLEASE NOTE, ALL FIELDS ARE MANDATORY)

Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name of Bank or Financial Institution	
Account Name: (as it appears on the void check or statement)	
ABA Number: (9-digit number from the bottom of your check)	
Account Number	

SECTION 5: TENANT INFORMATION:

Tenant Name	
Tenant Address	

SECTION 6: LANDLORD/PAYEE SIGNATURES

I hereby authorize Concho Valley Community Action Agency to deposit rental assistance payments directly into my checking or savings account. I agree that this authorization will remain in effect until the tenant identified on this form or in the attachments I submitted are no longer housed in my property. I agree that if an overpayment is applied to my account, CVCAA may debit the excess funds. I hereby affirm the accuracy of the information stated on this form.

Print Landlord/Property Manager Name

Signature of Landlord

Date

Print Name of Account Holder

Signature of Account Holder

Date

This form should be sent to:

Email: housing@cvcaa.org

Mail: ATTN: Housing Department, Concho Valley Community Action Agency, 36 E. Twohig, Ste. B2, San Angelo, TX 76903

Secure Document Upload: <https://www.cvcaa.org/housing-assistance>