

**HOUSING AUTHORITY OF YAMHILL COUNTY**  
**ACH ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM**

---

The Housing Authority of Yamhill County is pleased to offer automated Clearing Housing electronic payments for the convenience of our clients. This is an optional, no charge service that allows you to have your payment deposited directly into your bank account. Refunds will follow Business Office guidelines and schedules. If you are interested in participating, please read the authorization agreement form and follow the instructions below.

1. COMPLETE THE FORM BELOW. BE SURE TO INCLUDE YOUR SIGNATURE(S), AND DATE. PLEASE PRINT CLEARLY. (AN INCOMPLETE FORM CANNOT BE PROCESSED)
2. **IMPORTANT: IF YOU CHOOSE TO HAVE YOUR PAYMENTS MADE TO YOUR CHECKING ACCOUNT, YOU MUST ATTACH A VOIDED CHECK. IF YOU WISH TO HAVE YOUR PAYMENTS MADE TO YOUR SAVINGS ACCOUNT, YOU MUST CONTACT YOUR FINANCIAL INSTITUTION FOR PROPER ROUTING AND ACCOUNT NUMBERS.**
3. IF THE SELECTED ACCOUNT IS IN A NAME OTHER THAN YOURS, OR IS A JOINT ACCOUNT, YOU MUST INCLUDE THE NAME OF THE OTHER PARTY AND THEIR SIGNATURE.
4. VERIFY THE ACCOUNT AND ABA/ROUTING NUMBER WITH YOUR BANK.
5. RETURN THE COMPLETED FORM TO THE HOUSING AUTHORITY BUSINESS OFFICE:

MAIL: HOUSING AUTHORITY OF YAMHILL COUNTY  
ATTN: ACCOUNTING - ACH  
PO Box 865  
135 NE DUNN PLACE  
MCMINNVILLE, OR 97128

FAX: (503) 883-4329  
EMAIL: [ACCOUNTING@HAYC.ORG](mailto:ACCOUNTING@HAYC.ORG)

**Please call the Housing Authority Business Office at (503) 883-4300 if you need further information.**

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS AND/OR ACH CREDITS)

NAME: \_\_\_\_\_ DAY PHONE: \_\_\_\_\_  
(PLEASE PRINT CLEARLY)

Report payment detail to the following email address (no Postal Service delivery): EMAIL ADDRESS: \_\_\_\_\_

I/WE HEREBY AUTHORIZE HOUSING AUTHORITY OF YAMHILL COUNTY TO INITIATE DEBIT AND/OR CREDIT ENTRIES TO MY/OUR (SELECT ONE):

CHECKING ACCOUNT (ATTACHED A VOIDED CHECK)

SAVINGS ACCOUNT (DO NOT USE DEPOSIT SLIP, CONTACT YOUR FINANCIAL INSTITUTION FOR ROUTING AND ACCOUNT NUMBERS)

AS INDICATED BELOW AT THE FINANCIAL INSTITUTION NAMED BELOW, HEREINAFTER CALLED *DEPOSITORY*, AND TO DEBIT AND /OR CREDIT THE SAME TO SUCH ACCOUNT. I/WE UNDERSTAND IF CORRECTIONS ARE NECESSARY, IT MAY INVOLVE ADJUSTMENT (CREDIT OR DEBIT) TO MY/OUR ACCOUNT. I/WE ACKNOWLEDGE THAT THE ORIGATION OF ACH TRANSACTIONS TO MY/OUR ACCOUNT MUST COMPLY WITH THE PROVISIONS OF U.S. LAW.

DEPOSITORY :

NAME: \_\_\_\_\_ BRANCH: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL HOUSING AUTHORITY OF YAMHILL COUNTY HAS RECEIVED WRITTEN NOTIFICATION FROM ME/US OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD HOUSING AUTHORITY OF YAMHILL COUNTY AND *DEPOSITORY* A REASONABLE OPPORTUNITY TO ACT ON IT,

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_ / \_\_\_ / \_\_\_\_\_

ACCOUNT HOLDER NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
(IF JOINT ACCOUNT HOLDER)

NOTE: ALL DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

**BUSINESS OFFICE USE ONLY:**      **DATE RECEIVED:** \_\_\_\_\_      **PRENOTE SENT:** \_\_\_\_\_      **INITIALS:** \_\_\_\_\_