



HOUSING AUTHORITY OF YAMHILL COUNTY

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

The Housing Authority of Yamhill County provides electronic fund transfers (EFT) to/from bank accounts.
To receive payments from HAYC, please complete this form and send it to:

Email: **accounting@hayc.org**
Fax: **503-472-4376**

Mail: **Housing Authority of Yamhill County**
Attn: Accounting - EFT
135 NE Dunn Place
McMinnville, OR 97128

There is at least a **10 business day waiting period** from the time we receive this form before the EFT will take effect.
If you have any questions or need further information, you may call the Housing Authority business office at (503) 883-4300.

- PLEASE PRINT CLEARLY -

Name: _____ Phone Number: _____
Depending on Applicant (Property Owner / Employee Name / Client Name)

Email Address: _____ (Required to receive transfer details)

I/We hereby authorize Housing Authority of Yamhill County to initiate electronic fund transfers to my/our (select one):

- Checking Account - **Attach a voided check or letter from your financial institution on their letterhead certifying the account holder(s) name, routing number, and account number.**
- Savings Account - **Attach a letter from your financial institution on their letterhead certifying the account holder(s) name, routing number, and account number.**

At the financial institution indicated below, I/we understand if corrections are necessary, it may involve adjustments (credit or debit) to my/our account. I/We acknowledge that the origination of EFT transactions to/from my/our account must comply with the provisions of U.S. law.

Financial Institution Information:

Bank Name: _____ Branch: _____
(If Applicable)

City: _____ State: _____ Zip: _____ Phone: _____

Routing Number: _____ Account Number: _____

Name(s) on Account: _____

Signature: _____ Date: ____ / ____ / ____

Signature: _____ Date: ____ / ____ / ____
(If Joint Account Holder)

This authorization 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 financial institution a reasonable opportunity to act on it. All authorizations provide that the fund transfers may only be revoked by notifying Housing Authority of Yamhill County.

OFFICE USE ONLY

ENTERED IN YARDI: _____ INITIALS: _____ REVIEWED: _____ INITIALS: _____