



**Washington County Department of Housing Services / Housing Authority of Washington County  
EFT / ACH Application & Authorization Form Instructions**

*READ THIS INFORMATION CAREFULLY*

**Instructions**

**Applicant/Payee will complete Section A.**

**1. Type/Date of Action**

- a. New – For new enrollment or for re-enrollment after cancellation. Please provide effective date.
- b. Cancel – To withdraw authorization for EFT/ACH payments (paid by check instead). Payments will be mailed to the address on this form.
- c. Change – To change details such as your contact person, e-mail address, Financial Institution and/or account number, account type (checking or savings), or to change mailing address.

**2. Social Security Number (SSN) or Employer Identification Number (EIN):**

Disclosure of your SSN is voluntary pursuant to 42 USC 405(c)(2)(C). However, since the Washington County Department of Housing Services and the Housing Authority of Washington County are required to file information returns with the Internal Revenue Service under certain conditions, if you choose not to provide your social security number you will be ineligible for this service. For more information contact EFT/ACH Coordinator.

**3. Phone Number:**

So we can contact you during business hours in case there are any problems setting up this service or delivering a future payment to you.

**4. E-mail Address:**

Housing will use this to notify Payee each time a payment is made and provide other pertinent payment information that would otherwise be on check stub (some notifications will be sent via U.S. mail). Only one e-mail address can be accommodated.

**5. Name and Address:**

Since there is a small possibility that a payment may have to be mailed to you, an address must be provided.

**6. Payee Authorization:**

Read and sign the form to indicate your agreement with the terms and conditions as specified. Note that by submitting the form you are authorizing the Washington County Department of Housing Services and/or the Housing Authority of Washington County to credit your account (deposit funds) and, in the event of an overpayment error, to debit your account (withdraw funds) for the amount of the overpayment. All individuals named on a Payee Account must sign this form. Attach a voided check or vendor deposit slip to EFT/ACH Authorization Form for account number and ABA validation purposes.

**Your Financial Institution should complete Section B.**

**1. Type of Account:**

Specify if Checking or Savings and if Personal or Commercial

**2. ABA Routing & Transit Number:**

This is always a nine digit number. See MICR numbering on bottom of depositor check or deposit form (voided check is attached).

**3. Depositor Account Number:**

This may have up to seventeen digits. See MICR numbering on bottom of depositor's check or deposit form. Note that only one deposit account can be linked to a Housing Payee account.

**Send the completed form along with voided check to:**

WASHINGTON COUNTY, DEPT. OF HOUSING  
ATTN: EFT / ACH COORDINATOR  
161 NW ADAMS AVE, SUITE 2001, MS 63  
HILLSBORO, OR 97124-3072





*Here's how it Works:*

LANDLORDS AND PARTICIPANTS:

Completed applications are submitted for Payee profile updating.

Electronic Payments (EFT/ACH) are generally credited to bank within 72 hours of payment process.

If Payee bank account is closed or incorrectly identified, funds are returned via ACH network to Housing's bank. If this happens, payment will be mailed on the next scheduled check run.

**LANDLORDS ONLY:**

Payment notification with payment detail formerly found on check stub will be sent to payee via **email from CDR@yardi.com**. The file will be in PDF format. You may download the free Adobe Reader at [www.adobe.com](http://www.adobe.com).

Payee is responsible to notify Housing of email address changes and of non-receipt of remittance advice. All remittance information will be provided by email.

Initial set up and routing verification generally takes ten banking days from receipt of completed form. In the interim, any payments due will be made by check.

**If you have any questions regarding the EFT/ACH process, please email Housing\_EFT@washingtoncountyor.gov**





**ELECTRONIC FUNDS TRANSFER APPLICATION & AUTHORIZATION FORM**

For Remitting Payments to Housing approved Payees via Electronic Funds Transfer (EFT) or Automated Clearing House (ACH)

**Section A: APPLICANT / PAYEE PROFILE** (all boxes in Section A must be completed – “STRIKE-OUTS” will void this form)

**EFFECTIVE DATE** (must be a minimum of 10 banking days from the date signed in Section B): \_\_\_\_\_

**PAYEE NAME AND MAILING ADDRESS:**

**PHONE NUMBER:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SSN OR EIN:**

\_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**AUTHORIZATION (completed by Account Holder / Payee)**

**CANCELLATION / CHANGE OF ACCOUNT – Important! Please read and sign before submitting**

The agreement represented by this authorization remains in effect until canceled in writing by the payee or until the program is suspended or terminated by the Washington County Department of Housing Services/Housing Authority of Washington County (herein referred to as “Housing”) or when an emailed payment advice is returned as undeliverable. Payments to you will be deposited into the account designated below until ACH Coordinator is notified in writing that you wish to cancel this authorization or designate a different Financial Institution or account. Six to ten banking days are needed to execute your instructions. To make any changes, submit a new form with updated information. Account holder is responsible for timely notification to payor of any and all changes. If any action or inaction taken by the payee results in non-acceptance of an EFT deposit by the designated Financial Institution, payee acknowledges that Housing has no responsibility to issue another payment until the funds for the non- accepted deposit are returned to Housing by the Financial Institution. If non-acceptance by the Financial Institution is the result of action or inaction taken by the payee, late fees and penalties including consequential damages caused by this nonacceptance will apply. Please **DO NOT CLOSE ACCOUNT UNTIL ONE WEEK AFTER CONFIRMATION** by the ACH Coordinator.

**RECOVERY OF FUNDS DEPOSITED IN ERROR**

In the event that an erroneous EFT payment occurs, creating an overpayment, Housing reserves the right to debit your account for an amount not to exceed the amount of the overpayment. In the event that a debit adjustment cannot be implemented, Housing may utilize any other lawful means to recover payments to which the account holder is not entitled, including deducting the amount owed from future payments until the total overpayment is recovered. By signing this form, the account holder acknowledges acceptance of these terms and conditions.

I certify that I have read and understand the information written above. I acknowledge that I am responsible for providing timely and accurate information and for all penalties and damages resulting from my failure to provide such information. I authorize Housing to deposit payments to and make debits to adjust for overpayments in the account designated below. I attest to the accuracy of this information and certify that I am authorized to enter into this agreement on behalf of the account holder.

\_\_\_\_\_  
**SIGNATURE** of Account Holder / Authorized Payee Representative

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINTED NAME AND TITLE** of Account Holder / Authorized Representative





**Section B: FINANCIAL INSTITUTION**

(Please have your Financial Institution complete this section – “STRIKE-OUTS” will void this form)

FINANCIAL INSTITUTION NAME AND ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE SELECT ONE FROM EACH GROUPING:

ACCOUNT TYPE (1):      Savings                      Checking  
ACCOUNT TYPE (2):      Personal                      Business

ABA ROUTING & TRANSIT NUMBER: \_\_\_\_\_

DEPOSITOR ACCOUNT NUMBER: \_\_\_\_\_

I have verified the signature(s) and account numbers above. This Financial Institution is ACH capable and will comply with NACHA rules. ACH payments credited to the above account will be available to the account holder at the start of the Financial Institution’s business day on the settlement date established by the ACH Operator.

\_\_\_\_\_  
Signature of Bank Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative’s Name & Title (printed or typed)

\_\_\_\_\_  
Telephone Number

**Washington County, Oregon, Department of Housing Services**  
**Housing Authority of Washington County**  
161 NW Adams Ave, Suite 2001, MS 63, Hillsboro, OR 97124-3082  
(503) 846-4794 • fax (503) 846-4795 • TTY dial 711

