

Electronic Funds Transfer (EFT) Direct Payment -Authorization Agreement

OWNER INFORMATION - (HOW 1099 WILL BE SENT)

NAME:					
ADDRESS:					
CITY:		STATE:		ZIP:	
SSN or TIN ID Matching Name above:			Email Address:		

The Internal Revenue Service requires that the taxpayer identification number (TIN) on your account with us match their records. When your TIN does not match our records, the law requires us to withhold 31 percent of the interest, dividends, and certain other payments that we make to your account. This is called backup withholding.

PAYEE INFORMATION - (HOW EFT PAYMENTS WILL BE SET UP)

NAME:					
ADDRESS:					
CITY:		STATE:		ZIP:	
SSN or TIN ID Matching Name above:			Email Address:		

EFT Direct Payment - Authorization Agreement

The Housing Authority uses the numbers on the bottom of your check to make the electronic funds transfer of your Housing Authority Payment directly to your account. Please attach a **voided check** or **electronic funds transfer form** from your financial institution to this form. Please check appropriate box:

Type of account: Checking Savings

I authorize Spokane Housing Authority dba Northeast Washington Housing Solutions to initiate credits to the financial institution listed on the attached check or copy of check or electronic funds transmission form from my financial institution.

I further acknowledge under penalty of perjury, that I have provided the Housing Authority a copy of the management agreement between the owner of the property and current management company acting on my behalf and I declare that I hold legal interest/ownership to the property(s) for which I am receiving payment. Additionally, I understand that incomplete information or failure to attach appropriate account information could delay the initiation of your direct deposit

Owner's Name: _____ Signature: _____ Date: _____

For Office Use Only:	Vender No:	Assigned By:
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_____ Transit Routing Number and Check Digit _____ Account Number. Insert a hyphen for each dash cue symbol	Vendor Number: _____ Effective Date: _____ (To be entered by Accounting)
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