



HOUSING AUTHORITY AND URBAN RENEWAL AGENCY OF POLK COUNTY
 204 S.W. WALNUT, P.O. BOX 467, DALLAS, OREGON 97338
 503-623-8387 * FAX 503-623-6907 * TDD 1-800-735-2900

Electronic Funds Transfer

Effective October 1, 2012, West Valley Housing Authority is implementing a No-Mail HAP Check Policy for landlord payments. Landlords will then be offered the opportunity to either sign up for **Electronic Fund Transfer (EFT)** or to come into the Dallas office, each month, to pick up their HAP checks during regular office hours.

Here's how **Electronic Funds Transfer (EFT)** works:

1. Complete this form and return it to our Dallas office with a **VOIDED CHECK**;
2. Our Accounting Department will set up your EFT account with the information that you provide us. Please note that it may take up to ten (10) working days to set up your account before payments can be made via EFT;
3. Once your account is set up, your HAP payments will be made EFT directly into either your checking or savings account (whichever you designate). If you provide us with a valid email address, you will receive a monthly EFT statement showing your tenant's name, unit address, and HAP payment amount. Your actual HAP payment should arrive in your bank account within three (3) working days of your emailed statement. If you do not have a valid email address, your EFT statements may be made available at our Dallas office during regular business hours.

This service is entirely free. To take advantage of receiving your HAP payments via EFT, complete this authorization form and return it to the Accounting Department.

AUTHORIZATION FOR AUTOMATIC ELECTRONIC FUNDS TRANSFER

NAME	PAYEE'S SOCIAL SECURITY NUMBER
COMPANY NAME	E-MAIL ADDRESS

 I hereby authorize West Valley Housing Authority to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Checking Savings account (select one) indicated below and the depository named below, (the DEPOSITORY), to credit and/or debit the entries to such account.

*****PLEASE ATTACH VOIDED CHECK*****

FINANCIAL INSTITUTION (the DEPOSITORY)	PAYEE'S SOCIAL SECURITY NUMBER
BRANCH	CITY STATE ZIP

This authority is to remain in full force and effect until West Valley Housing Authority has received written notification from me of its termination in such time and in such manner as to afford West Valley Housing Authority and the DEPOSITORY a reasonable opportunity to act on it. I also acknowledge that my first EFT HAP payment may be delayed to allow West Valley Housing Authority and your financial institution to set up the EFT process for you.

SIGNATURE	DATE
_____	_____

TRANSIT ROUTING NUMBER: _____ ACCOUNT NUMBER: _____