

IMPORTANT NOTES TO VENDORS: Please provide a voided check with your request or a letter from a financial institution attesting to the banking information. **Do not include a deposit slip as the account information may be different.** Forms not signed by an authorizing official will not be accepted.

ACH VENDOR PAYMENT AUTHORIZATION AGREEMENT			
PLEASE TYPE or PRINT LEGIBLY			
NEW <input type="checkbox"/> REVISION <input type="checkbox"/> (Please Check One)			
I authorize the Housing Development Center (HDC) to deposit payment for services rendered or goods provided directly into my account at the financial institution listed below. If HDC erroneously deposits funds into said account, I authorize HDC and the financial institution to initiate the transaction(s) necessary to correct the error. This authorization will remain in effect until HDC has received written notification from me of its termination and HDC has had reasonable opportunity to act upon it. Further, it is understood it is my choice to include a check or not, and if not, then I understand HDC may be unable to verify account information and HDC will not be held responsible if the information provided on this form is inaccurate.			
Name of Vendor / Payee		Last four (4) digits of either business Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR Tax Reporting Number	
Vendor / Payee Address		Financial Institution Name (US Only)	
City, State		Financial Institution Routing Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Zip Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Account Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Vendor/Payee Contact Name		Checking <input type="checkbox"/> Savings <input type="checkbox"/>	
Vendor/Payee Email for Vendor Accounts Receivable – <u>Note:</u> ACH Deposit Advice will be sent to this address			
Contact Telephone Number		ext.	
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
PRINT Name of Authorizing Official		Title	
Phone number of Authorizing Official		ext.	
Authorizer's Signature - REQUIRED		Date	
INTERNAL USE ONLY			
Vendor ID #	Received Void Check	Date Processed	Accounts Payable Initials

Please submit this completed form along with a voided check or a letter from the financial institution attesting to the banking information to: [mYfYXjH4 \ XWbk "cf](mailto:mYfYXjH4\XWbk).
 You may also submit by mail to: The Housing Development Center, 524 E Burnside St., Ste.210, Portland, OR 97214
 If you change banks or bank accounts, please provide at least thirty (30) days written notice.
 Revised: 11/10/2020