HOUSING AUTHORITY OF CLACKAMAS COUNTY

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

The Housing Authority of Clackamas County (HACC) is consistently looking for ways to better serve our owners/landlords. To provide monthly payments in a timely manner, **ALL** Housing Assistance Payments (HAP) are made by direct deposit. It is mandatory for all owners/landlords to have their information back to us IMMEDIATELY. The direct deposits will be automatically deposited into your designated bank account on the first* of every month.

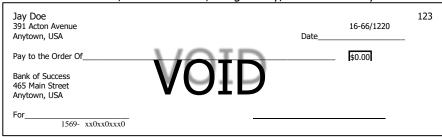
(*If the first of the month is a weekend or holiday, payment will be released on the next business day.)

To sign up for Direct Deposit...

Choose an Account:

- Checking account, attach a voided check for the account into which you would like HACC to deposit the payment. NOTE: Deposit slips will not be accepted.
- ✓ Savings account, please obtain the correct transit routing number and account number from your financial institution.
- 1. Return this form (with your voided check if applicable) to HACC by:

Mail: ATT: Landlord Services, P.O. Box 1510, Oregon City, OR 97045 or by email to Landlordservices@clackamas.us



To make a change for Direct Deposit...

- 1. Written notification of all changes must be submitted to HACC at least 20 days prior to payment date.
- 2. Follow the instructions above to submit your new information.

Direct Deposit for Vendors

By acceptance of the funds through direct deposit, the owner certifies that to the best of his/her knowledge the dwelling unit is in decent, safe, and sanitary condition; the contracting family is in the unit and is expected to be there the entire month; the deposited amount is in accordance with the provisions of the HAP contract and is payable under the HAP contract; and all other facts and data on which this amount is based are true and correct.

amount is based are true and correct. Check One New Direct Deposit Sign-up Change to an Existing Direct Deposit	
Designated Account Savings Checking Routing Number	Account Number
By signing below, I hereby authorize HACC to initiate creadjustments for any credit entries in error to our account Owner/Payee Name Signature	t designated below: Soc. Sec. No./ Tax ID No.
Phone Number	
Owner/Payee Name	Soc. Sec. No./ Tax ID No.
Signature	Date
Phone Number	
OWN-Direct Deposit (08-29-2022)	
Office Use Only Tenant ID:	Vendor No.: Date Entered: