

New Revision Termination

STATE OF OREGON
HOUSING AND COMMUNITY SERVICES DEPARTMENT

AUTHORIZATION FOR ACH ELECTRONIC DEPOSIT

Payee's name as it would appear on a check (Please Print) Payee's Federal Tax ID Number

Payee's address City State Zip Code

Payee's Telephone No. Payee's Fax No.

Financial Institution in which deposits will be made Financial Institution Telephone No.

Address City State Zip Code

_____ authorizes the State of Oregon, Housing and Community Services Department, to forward funds to the above-named financial institution and authorizes the above-named financial institution to accept and distribute said funds to the following account (one only):

<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Escrow Account
<input type="checkbox"/> Business () Personal	<input type="checkbox"/> Business () Personal	<input type="checkbox"/> Business () Personal
ABA # _____	ABA# _____	ABA # _____
Account # _____	Account # _____	Account # _____

International ACH Determination, Check one of the options below:

- The entire amount of my direct deposit payment **is** ultimately deposited to a financial institution outside the U.S.
- The entire amount of my direct deposit payment **is not** deposited to a financial institution outside the U.S.

I (we) understand that this authorization will override the previous authorization, and will be **effective as of** __/__/__. This authorization will remain in effect until the State of Oregon, Housing and Community Services Department, has received written notification of its termination. This authorization complies with Oregon and U.S. Law and will be maintained by OHCS for a period of two years beyond the termination of the agreement.

Name(s) (Please Print) Title

Signature(s) Date

The following funding sources are to be electronically transferred into the account designated above:

- | | | | |
|-------------------------------------|--|-------------------------------|---|
| <input type="checkbox"/> GHAP | <input type="checkbox"/> HDGA | <input type="checkbox"/> HELP | <input type="checkbox"/> HOAP |
| <input type="checkbox"/> HOME | <input type="checkbox"/> HPLUS | <input type="checkbox"/> NSP | <input type="checkbox"/> Weatherization |
| <input type="checkbox"/> MGA Grants | <input type="checkbox"/> Other (specify) _____ | | |

Please provide project name for the selected funding source (s).

Project Name: _____
Contact E-Mail Address _____

RETURN COMPLETED FORM (including a voided check *or* a letter from the bank verifying the bank account and routing number submitted) to:

Marcie Clark, Grants Specialist
Oregon Housing and Community Services Dept.
725 Summer Street NE, Suite B
Salem, OR 97301-1266
marcia.clark@oregon.gov

Please send form via regular mail (USPS). Email is not secure.

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For OHCS Use Only Below This Line
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Entered into STAN _____ by _____ on _____ Already in STAN ()
Profile Name Initials Date

Prenoted by _____ on _____ Released by _____ on _____
Initials Date Initials Date

Entered into SFMA by _____ on _____ Already in SFMA ()
Initials Date