



Housing Authority and Urban Renewal
Agency of Polk County

204 S.W. Walnut Avenue, Dallas, OR 97338

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www.wvpha.org

DIRECT PAYMENT PLAN Authorization Form

I hereby authorize West Valley Housing Authority to initiate regular monthly withdrawals from my account at the financial institution named below, for the payment of my monthly rent that is due to the Housing Authority. This authorization will remain valid until either I, or the Housing Authority revoke it.

I understand that I can suspend the automatic debit of a monthly rent due, by notifying the Housing Authority, **in writing, no later than 4:00 pm**, on the 15th of the month prior to my rent due date. I further understand that two or more suspensions in a 12-month period will result in cancellation of my participation in the Direct Payment Plan. Should I become cancelled from the Direct Payment Plan, I understand that I will be responsible to pay my regular monthly rent by submitting a money order, or personal check, to the Housing Authority office, no later than the 5th of each month following the cancellation.

I understand that if there are insufficient funds in the account that I have authorized the automatic withdrawal from, the Housing Authority will be assessed a fee, which will then be charged to my tenant ledger and become my responsibility to pay in the same manner as other charges on my account.

I understand that the Direct Payment Plan is an alternative method of payment only and does not otherwise affect my rights or the rights of the Housing Authority or my financial institution with respect to each other. I further understand that the Housing Authority and my financial institution reserve the right to terminate the Direct Payment Plan and/or my participation in it. If I wish to discontinue my participation in the Direct Payment Plan, I may do so only by notifying the Housing Authority office, **in writing**, no later than the 15th of the month.

Name of Financial Institution:

Checking or Savings Account:

Bank Routing Number:

Bank Account Number:

Please print Account Holder's Name: _____

Account Holder Signature

Date

Joint Account Holder Signature

Date

In order for the Housing Authority to verify the bank account and routing numbers, the account holder **must** attach a **VOIDED CHECK**, or a print out from their financial institution, for the account to be debited. The Housing Authority will retain a copy of this form for their records.