

Instructions for Vendors/Landlords

Submitting this form authorizes the Renton Housing Authority to deposit electronic payments directly into your bank account.

Landlords/Vendors must fill in sections 1-3. A signature is required in Section 3.

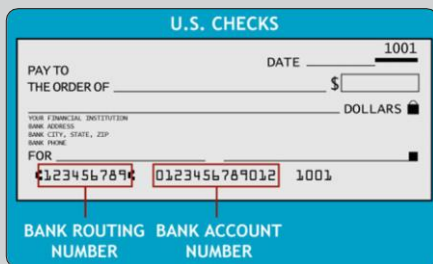
Forms are processed within 10 business days after receipt.

Incomplete forms will not be processed and will be destroyed in a secure manner.

PLEASE PRINT CLEARLY.

If you have questions, please contact (425) 226-1850 ext. 234 or via email at accounting@rentonhousing.org

Where are my routing and account numbers?



A Voided Check or correspondence on bank letterhead with ACH/EFT instructions must accompany this form.

Please submit via the accounting@rentonhousing.org email.

Automated Clearing House (ACH) Authorization Agreement

1 Vendor/Landlord Remittance Information

Is this a new ACH authorization, or are you updating your current bank information?

- NEW - I've never been paid via ACH by Renton Housing Authority.**
 UPDATE - I'm updating my existing ACH Banking Information.

Payee Name *(must match W9)*

Federal Tax ID Number *(or SSN)*

Organization or DBA *(if applicable)*

Street Address /PO

Suite / Apartment

City

State

ZIP

Email *(remittance advice / notifications)*

2 Depository Institution Information

Name on Bank Account *(if different than above)*

Depository Institution

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Bank Routing Number

Bank Account Number

- Checking
 Savings
Account Type

3 Vendor/Landlord Authorization Acknowledgment

I, the undersigned Vendor, hereby authorize Renton Housing Authority (hereinafter referred to as RHA) to make payment for services covered by an agreement by using Automated Clearing House (ACH). I agree to provide RHA with written notification of any change in my depository institution, payment instructions, or remittance data instructions by submitting this form with revisions at least ten (10) business days (2 calendar weeks) in advance of changes. In the event of duplicate or fraudulent payment, overpayment, or any payment made in error, I agree to return payment to the RHA upon discovery or after RHA provides sufficient information to support its claim. I accept that payment made to an incorrect account as listed above are timely and complete for any invoiced goods and services.

Name and Title

X

Vendor/Landlord Signature

Date

4 FOR RENTON HOUSING AUTHORITY USE ONLY

I, the undersigned RHA employee, do attest that I have verified the banking information and tax ID.

X

signature of Renton Housing Authority Employee

Date verified

Renton Housing Authority Employee *(print name)*

Team

YES **NO** I attest, I verified the vendor's banking and tax ID information.

Vendor ID Number