

ACH Authorization Form - Portland

Housing Northwest, Inc.
1604 SW Clay St. Portland, OR 97201
Ph: (503) 222-7105 Fx: (503) 241-6494



Please accept this as authorization to charge the following to my bank account:

Resident Name: _____ Building/Unit #: _____

Resident phone #: _____ Resident email: _____

Monthly Recurring Charge:

Rent \$ _____

Start Date: _____

MTM Premium \$ _____

End Date (if applicable): _____

Roommate Fee \$ _____

Parking Fee \$ _____

Internet Fee \$ _____

Storage Fee \$ _____

Total: \$ _____

Note: A rent increase takes place every July. We will adjust your scheduled payment accordingly.

Financial Institution: _____ State: _____

Name as it appears on your account: _____

Routing #:

Account #:

Checking account

Savings account

Account Holder's address: _____

Account Holder's signature: _____ Date: _____

Account Holder's phone #: _____ Account Holder's email: _____

Attach Voided Check

Accepted by: _____ Date: _____
(Staff Member)