



Housing Opportunities of SW WA

Contact Information

Name (print clearly):	<input style="width: 95%;" type="text"/>
For Tax purposes, your name must match what appears on your W9	
Business Name: <small>(if different from above)</small>	<input style="width: 95%;" type="text"/>
Relationship with Housing Opportunities?	(Check all that apply) <input type="checkbox"/> Vendor <input type="checkbox"/> Landlord <input type="checkbox"/> Home Owner <input type="checkbox"/> Employee
Email (print clearly):	<input style="width: 95%;" type="text"/>
Primary Phone Number:	<input style="width: 95%;" type="text"/>

Address

Correspondence Address:					<input style="width: 95%;" type="text"/>					
City:	<input style="width: 95%;" type="text"/>	State:	<input style="width: 95%;" type="text"/>	Zip:	<input style="width: 95%;" type="text"/>					
Use address above for <input type="checkbox"/> Check/statement <input type="checkbox"/> 1099 address										
Check/statement Address: <small>(if different from above)</small>					<input style="width: 95%;" type="text"/>					
City:	<input style="width: 95%;" type="text"/>	State:	<input style="width: 95%;" type="text"/>	Zip:	<input style="width: 95%;" type="text"/>					
1099 Address: <small>(if different from above)</small>					<input style="width: 95%;" type="text"/>					
City:	<input style="width: 95%;" type="text"/>	State:	<input style="width: 95%;" type="text"/>	Zip:	<input style="width: 95%;" type="text"/>					

Housing Opportunities prioritizes Direct Deposit payments for your convenience. (See next page)

Authorization Agreement

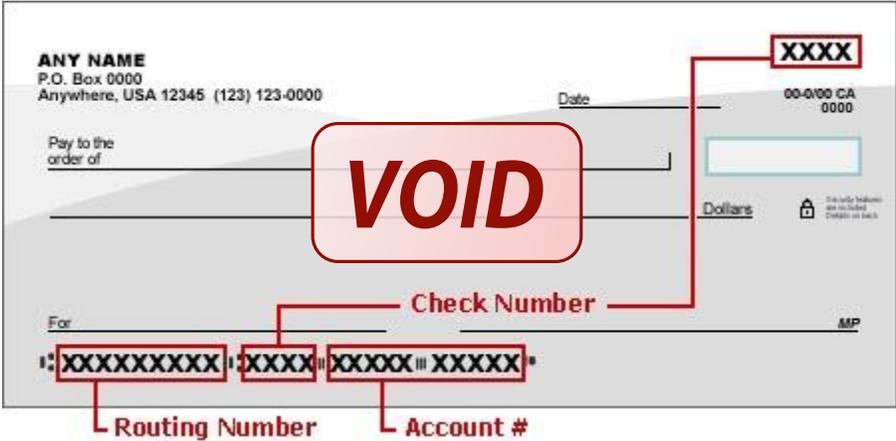
I hereby authorize Housing Opportunities of SW WA to initiate automatic deposits to my account at the financial institution named below. I also authorize Housing Opportunities of SW WA to make withdrawals from this account in the event that a credit entry is made in error. Further, I agree not to hold Housing Opportunities of SW WA responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until Housing Opportunities of SW WA receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to Housing Opportunities of SW WA.

Account Information

Name of Financial Institution			
Name on the bank account: <small>(Print clearly)</small>			
Payment will not go through if the payment name above doesn't match the bank's information			
Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Account Number:			
Routing Number:			

Signature

Print Name(s):			
Authorized Signature (Primary):		Date:	
Authorized Signature (Joint):		Date:	



Please attach a **voided check** and return this form to Housing Opportunities of SW WA.