

Yolo County Housing

ACH Payment Enrollment Form

See Terms and Conditions on the YCH website www.ych.ca.gov Retain a copy of this agreement for your records.

Type of Action (Please Check One)
~ New ~ Change ~ Cancel

Block 1 - INDIVIDUAL/COMPANY INFORMATION

~ Individual

SSN#: _____ - _____ - _____

Name: _____

Address: _____

Mailing Street Address _____

City, State and ZIP Code _____

Phone _____

E-mail _____

~ Company

FEIN#: _____ - _____ - _____
(Federal Employee Identification Number)

Name: _____

Business/Organization Name _____
Address: _____

Mailing Street Address _____

City, State and ZIP Code _____
Name: _____

Authorized Representative _____
Title: _____

Phone _____

Block 2 - FINANCIAL INSTITUTION INFORMATION

Institution Name: _____

Institution Account Number: _____

Nine-Digit Routing Number: _____

Your financial institution routing number is usually the first nine digits on the lower left of your check.

Type of Account: ~ Checking ~ Savings

Block 3 - NOTIFICATION METHOD

Detail Deposit information will be mailed to the address listed in Block #1.

Please check here if you do not require Deposit Detail

By signing below, I acknowledge that I have read, understand and agree to the Terms and Conditions located on the website of Yolo County Housing.

Signature: _____ Date: _____

If you have any questions concerning ACH Transactions, please contact the YCH Finance Department at (530) 669-2222. Please go to www.ych.ca.gov to find the Terms and Conditions for the ACH Payment Enrollment form.