DATE: May 15, 2017

TO: Section 8 Housing Landlords

FROM: Gwen Vaughn, Finance Director
       Angela Turner, Housing Director

The Section 8 Housing Authority and Caswell County Finance Office staff are working together to provide a more timely payment method for Section 8 landlords. The electronic funds transfer is the most efficient and effective process and will be implemented for all current and future landlords beginning with the July 1, 2017 payments.

Landlords will receive payments by bank deposit on the first business day of each month. If the first is on a Saturday or Sunday then payments will be electronically deposited on the following Monday.

Please complete the attached form and return it along with a voided check to Angela Turner by Friday, June 9, 2017. Failure to submit the form may delay your July payment. Feel free to contact Mrs. Turner if you have questions.

Thank you for your cooperation.

GV:AT

c: Bryan Miller, County Manager

Attachment
Electronic Payment Form

Caswell County Local Government
Attn: Finance Director
PO Box 98
Yanceyville, NC 27379
Telephone: 336.694.4193
Fax: 336.694.1228

For your convenience and benefit, the Caswell County Local Government will process future payments electronically, rather than by check. Your payments will be deposited into the checking or savings account of your choice. Please complete the form and return to the address listed above.

ATTACH A VOIED CHECK, PRINT THE INFORMATION BELOW AND MAIL TO THE ABOVE ADDRESS

☐ New EFT  ☐ Change EFT

Payee Name: __________________________________________

Bank Name: __________________________________________

Bank routing number: __________________________________

Checking account #: __________________________________
or
Savings account # _____________________________________

Business Name: ________________________________

Business Address: __________________________________

Telephone #: ______________________________________

Email Address: _____________________________________

Authorized Signature: _____________________________ Date: ________

(ATTACH VOIDED CHECK)