

**STATE OF NORTH CAROLINA
STATE TREASURER'S ELECTRONIC PAYMENTS**

State Agency Name: North Carolina Housing Finance Agency

Program: Key Program (Targeting Plan Operating Assistance)

Check One: Initial Sign-up _____ Change _____

PARTICIPATING ENTITY ACCOUNT INFORMATION

Entity Name: _____

Entity Address: _____

Contact Name: _____ Phone #: _____

Email address: _____

Note: E-mail address will be used to send notices of deposited funds.

FINANCIAL INSTITUTION INFORMATION

Institution Name: _____

Transit/Routing #: _____

Bank Account #: _____

PLEASE ATTACH A VOIDED CHECK

NOTE: CHECKING ACCOUNTS ONLY PLEASE

PARTICIPATING ENTITY AUTHORIZATION

I, on behalf of the participating entity indicated above, hereby authorize the North Carolina State Treasurer, his successors and his agents, at the direction of the State agency indicated above, to initiate ACH credit entries to the above designated bank account for payments due from the State agency for the referenced program name, pursuant to the "Established Operational Procedures for State Treasurer's electronic payments system," which may be in effect from time to time.

Finance Officer's name: _____ Phone #: _____

Signature: _____ Date: _____

Completed form and any required supporting documentation should be uploaded in RCRS (Rental Compliance Reporting System). If you have questions, please contact Sandy Harris at (919) 877-5649.