



King County Regional Homelessness Authority Contract Payment Authorization Form

Please upload the completed form in Salesforce under the account’s ‘Files’ section. If changes occur to the named agency and/or staff authorized to sign invoices on behalf of the agency within the contract(s) performance period, please upload an updated form to Salesforce and allow at least 30 days for the processing of any change(s) to the information on this form.

Agency Name:	
Contract Number(s):	
Date Form Completed:	

Mode of Payment

Check and complete the box below that applies.

- Payments are to be made to the Agency through Automated Clearing House (ACH) Payment. To complete the ACH Payment Form, please click [here](#).
- Payments are to be made to the Agency and mailed to the following address:

Street Address:	
City & State:	
Zip Code:	

Internal Revenue Service Reporting

Federal Employer or Tax Identification Number:	
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The Information Stated Above is Certified to Be True and Correct

Name (Typed or Printed)	Authorized Signature	Title	Date Signed