

# Auto-Pay Enrollment Form

Housing Authority of Jackson County  
2251 Table Rock Road  
Medford OR 97501  
541-779-5785

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Alternate Contact Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Property Name \_\_\_\_\_

Unit Number \_\_\_\_\_

Rent Payment Amount \_\_\_\_\_

Security Deposit Payment Amount \_\_\_\_\_

Additional Charge Payment Amount \_\_\_\_\_

Bank Name \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Account Type  Checking  Savings

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV Number (Found on back of card, 3 digits) \_\_\_\_\_

\*Card Type  DEBIT  CREDIT

*\*There is a \$6.95 fee for using debit card and \$14.95 fee for using a credit card.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Mail completed form to:  
Housing Authority of Jackson County  
ATTN: Evelyn Higdon  
2251 Table Rock Road  
Medford, OR 97501  
E-mail to: evelyn@hajc.net