



Chelmsford Housing Authority

10 Wilson Street
Chelmsford, Massachusetts 01824 –3160

DAVID J. HEDISON
Executive Director

WANT YOUR RENT PAYMENT SOONER?

The Chelmsford Housing Authority is now offering the convenience of direct deposits for your monthly rent payments. This option allows for you to receive your payment directly into your bank account instead of waiting for your check to arrive in the mail.

If you are interested in receiving your payments directly into your bank account, it is necessary for you to complete the enclosed Authorization Agreement. You **must** include a copy of a voided check from your financial institution. Please be aware that direct deposit requests will not be processed without a voided check. A photocopy of a voided check is acceptable. (Please do not send in a deposit ticket in lieu of a voided check.)

To take advantage of this new payment option, please mail the enclosed form to us at your earliest convenience. If you do not wish to take advantage of our Direct Deposit Program there is no need for you to respond to this letter. We will continue to send your HAP payment via the U.S. Postal Service.

Please list below your tenant(s) names so that we may easily reference them to you.

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

If you have any questions at all please contact a member of the Section 8 Department.

Please allow up to 30 days for your Direct Deposit Form to be verified and processed. (There will not be an interruption of payment).



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Authorization Agreement **Direct Deposit (ACH Credits)**

I (we) hereby authorize The Chelmsford Housing Authority, hereinafter called CHA, to initiate credit entries on a monthly basis. If necessary, to initiate debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. Should a debit entry be necessary, written notification will be mailed prior to such action.

BANK NAME & BRANCH ADDRESS: _____

ACCOUNT TYPE (check one): Checking Savings

ACCOUNT NUMBER: _____ *Please attach a voided check below*

This authorization is to remain in full force and effect until CHA has received written notification from me (or either of us) of its termination in such time and manner as to afford CHA and DEPOSITORY, a reasonable opportunity to act on it.

NAME(S) or Business/Company Name : _____
(Please Print)

SIGNATURE(S): _____

PHONE # _____ DATE: _____

*****Please attach a voided check to this form*****