



LEASED HOUSING

ACH / EFT Authorization & Direct Deposit Change Form

Purpose: Use this form to **request enrollment in ACH/EFT** for payments from the Chelmsford Housing Authority or to **request changes** to existing ACH/EFT banking information.

***Required Attachments:** A **voided check / bank verification letter on financial institution letterhead** must be attached. Forms without required attachments will not be processed.

Landlord & Rental Property Information

- Legal Name (as registered with IRS): _____
- DBA (if applicable): _____
- Tax ID (EIN/SSN – last 4 digits only): _____
- Contact Name: _____
- Email Address: _____
- Phone Number: _____
- Mailing Address: _____
- City: _____ State: _____ ZIP: _____

Tenant Name: (if multiple tenants at one property just list one name):

Rental Property Address:

Request Type (check one)

- New ACH/EFT Enrollment
- Change to Existing ACH/EFT Information
- Cancel ACH/EFT Enrollment

Effective Date Requested: _____

Banking Information (Attach Voided Check or Bank Letter)

- Financial Institution Name: _____
- Bank Address: _____
- Account Holder Name (must match legal name): _____
- Routing Number (9 digits): _____
- Account Number: _____
- Account Type: Checking Savings

Note: CHA will only accept U.S. domestic ACH accounts. Prepaid cards and foreign accounts are not permitted.

Remittance Advice (Optional)

If different from the email above, indicate where ACH remittance advice should be sent: - **Email for**

Remittance Advice: _____

Authorization & Certification

I authorize the Chelmsford Housing Authority to initiate **credit entries** to the bank account indicated above and, if necessary, **debit entries** to correct erroneous credits. I certify that I am an authorized signer on the account listed and that the information provided is accurate and complete.

I understand that: - ACH enrollment or changes may require **up to two (2) payment cycles** to take effect. - CHA is not responsible for fees assessed by my financial institution. - It is my responsibility to notify CHA promptly of any changes to banking information.

Authorized Signature

- **Printed Name:** _____
 - **Title:** _____
 - **Signature:** _____
 - **Date:** _____
-

For CHA Use Only

- **Date Received:** _____
- Reviewed By:** _____
- Verified Attachments:** Voided Check Bank Letter
- **Verification Call Confirmed Date:** _____
- **Call Verified By:** _____
- **Entered By / Date:** _____
- **Effective Date:** _____

Submission Instructions

Submit the completed form and required attachments via **secure email** or **mail** to the Chelmsford Housing Authority Accounts Payable Department.

Security Notice: Do not send full Tax ID or full bank account details via unsecured email unless instructed by CHA.

