



1 Elm Terrace
Greenfield, MA 01301
413-774-2932 (P) 413-772-0616 (F)



Equal Housing Opportunity

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT HAP CHECKS

I (we) hereby authorize The Greenfield Housing Authority, hereinafter called GHA, to initiate credit and, if necessary, debit entries and adjustments for any credit entries in error to my (our) subsidy payment to my (our) bank accounts indicated below at the depository financial institution named below. I (we) acknowledge that the origination of ACH transactions through my (our) account must comply with the provisions of U.S. Law.

Landlord Name: _____

Address: _____

City, State, Zip: _____

Landlord Telephone Number: _____

Landlord Email Address: _____

Bank Name: _____

Bank Address: _____

City, State, Zip: _____

Bank Telephone Number: _____

Type of Account: **Checking **Savings

Routing Number: _____ Account Number: _____

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

Print Name: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

**Please attach a photocopy of a voided check or official bank documentation confirming the routing and account numbers.

