

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Landlord's Name _____

Landlord's Tax ID Number _____

Landlord's Address _____

Landlord's Phone # _____

Landlord's Email _____

Current Payee Name on checks _____



Karen DuBois-Walton
Executive Director

I (we) hereby authorize Elm City Communities/Housing Authority of the City of New Haven, herein after called HANH, to initiate credit and, if necessary, debit entries and adjustments for any credit entries in error to my (our): **(Select one)**

Checking Account or **Savings Account indicated below,**

At the depository, Financial Institution named below, and to credit or debit the same from such account. I (we) acknowledge that the authority will remain in effect until I have (or either of us) cancelled it in writing and that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution _____

Branch _____

City _____ State _____ Zip _____

Routing # _____

Account # _____

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

Name _____
(Please Print) (Title)

Name _____
(Please Print) (Title)

Signature _____ Date _____

Signature _____ Date _____

Housing Authority of the City of New Haven's Elm City Communities
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