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LANDLORD HAP DIRECT DEPOSIT

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

COMPANY NAME: Falmouth Housing Authority
COMPANY ID NUMBER: 04-6000780

I (we) hereby authorize the Falmouth Housing Authority, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error, to my (our) Checking () Savings () account indicated at the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY NAME: _____
BRANCH: _____
CITY, STATE, ZIP CODE: _____
ROUTING NUMBER: _____
ACCOUNT NUMBER: _____

Please Attach Voided Check for Checking Accounts or Bank Authorization for Savings

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

NAME(S): _____
ID NUMBER: _____
(For FHA Use)

SIGNED: _____ DATE: _____

EMAIL ADDRESS: _____

DETAILS/COMMENTS: Direct deposit of monthly landlord HAP check by the 5th day of the month

If you are a person with disabilities and you require a reasonable accommodation, please contact the housing authority at (508) 548-1977 or via email at info@falmouthhousing.org for assistance.