

*Chelsea Housing Authority
Accounting Department
54 Locke Street
Chelsea, MA 02150
(617) 409-5341
lesturban@chelseaha.com*

Landlord Direct Deposit Authorization Agreement

I authorize Chelsea Housing Authority (CHA) to automatically deposit my monthly Housing Assistance Payment to my account at the Depository Financial Institution named in the form below. I understand that this agreement may be terminated by either me or by the CHA at any time by written notification.

Request for Direct Deposit

I authorize the Chelsea Housing Authority to automatically deposit my monthly Housing Assistance Payment

Checking Account: _____ Savings Account: _____

Bank Name: _____

Routing Number: _____ Account Number: _____

If monies to which I am not entitled are deposited into my account, I authorize CHA to direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization, or until the authorization is revoked by me in writing.

Tenant Name (please print): _____

Landlord Name (please print): _____

Telephone Number: () _____ Email: _____

I have read and understand these terms.

Signature

Date

ATTACH VOIDED CHECK HERE



Please return completed form to the department above