HAVERHILL HOUSING AUTHORITY 25 WASHINGTON SQUARE P.O. BOX 751 HAVERHILL, MASSACHUSETTS 01831 Telephone (978) 372-6761 Fax (978) 373-1107

Direct Deposit / Payment Form (must be completed to initiate direct deposit)

ACTI	ON:		
	Set up new account Change		
Property Address:			
Tenant	:		
PROP	ERTY OWNER INFORMATION:		
Owner's Name:			
Owner's Home Address:			
City, State, Zip:			
Telephone:			
DIRECT DEPOSIT INFROMATION (<u>Please include a voided check</u>)			
	AME OF BANK:		
2. A	CCT #:		
3. A	CCT Type: Personal Business		
А	CCT Type (2): Checking Savings		
4. R	OUTING #:		
5. E	MAIL ADDRESS:		

I certify that I am the owner, or join owner, of the account designated to receive payment and am entitled to provide this authorization. I authorize the Haverhill Housing Authority to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account listed above. **This authorization will remain in effect until the Haverhill Housing Authority receives written notice of direct deposits termination from me,** in such time and manner as to afford reasonable opportunity for Haverhill Housing Authority and the Financial Institution(s) to act on it. If I change or terminate my account(s) without notifying the Haverhill Housing Authority in writing, I understand that my payment(s) may be delayed. This authorization may be discontinued only by my written request or upon termination of all Housing Authority. Signed under the pains and penalties of perjury.

Signature of Owner:	Date:

PAYMENT CERTIFICATION

The Owner agrees that endorsement of a check or acceptance of a direct deposit from Haverhill Housing Authority: (1) Shall be conclusive evidence that the Payee has received full and correct payment under terms of the Payee's Housing Assistance Payments Contract with the Haverhill Housing Authority.

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This is an important document. If you require interpretation, please call the telephone number below or come to our offices.

Este es un documento importante. Si necesita interpretación, por favor llame al número de telefóno que aparece abajo o visite nuestras oficinas.

這是一份非常重要的文件。如果您需要翻譯服務,請撥下面的電話或前往我們的辦公室

Isto é um documento importante. Se exige interpretação, por favor chama o número de telefone embaixo ou vem a nossos escritórios.

Это важный документ. Если Вам требуется перевод, пожалуйста позвоните нам (телефонный номер ниже). Или придите в наш офис.

Đây là một tài liệu quan trọng. Nếu quý vị cần phiên dịch, vui lòng hãy gọi cho số điện thoại bên dưới hoặc đến các văn phòng của chúng tôi.

នេះ គឺជាឯកសារសំខាន់មួយ។ ក្នុងករណីលោកអ្នក ចាំបាច់ត្រូវចង់បានការបកប្រែ

សូមទូរស័ព្ទលេខខាងក្រោមនេះមកកាន់ ឬ

អញ្ជើញមកទាក់ទងដោយផ្ទាល់នៅការិយាល័យយើងខ្ញុំ។

Sa a se yon dokiman enpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo telefòn ki anba la a oswa vini nan biwo nou.

Tani waa dhokomenti muhiim ah. Haddii aad rabto tarjumad, fadlan wac lambarka hoos ku qoran ama imow xafiisyadayada.

هذه وثيقة مهمة، وإذا كنت في حاجة إلى ترجمة فورية، يرجى الاتصال على رقم الهاتف المذكور أدناه أو أن تتفضل بالمجيء إلى مكتبنا. اين يک سند بسيار مهم است. اگر به ترجمه آن نياز داريد، لطفا با شماره تلفن زير تماس بگيريد يا به دفتر ما مراجعه كنيد.

Phone: (617) 988-4500



Equal Opportunity Housing/Equal Opportunity Employer

