

**Consumer Authorization for Direct Payment via ACH (Debits)**

I (we) authorize **Haverhill Housing Authority** to electronically debit my (our) account or if necessary, electronically credit my (our) account to correct an erroneous debit\*. I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

**Banking Information:** (select only one)

\_\_\_\_\_ Checking Account                      \_\_\_\_\_ Savings Account

Depository Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account #: \_\_\_\_\_

Amount of rent to be withdrawn: \$ \_\_\_\_\_

Date to be withdrawn: **5<sup>th</sup> of the month**

**\*\*\*\*Please attach a copy of a voided check\*\*\*\***

I (we) understand that this authorization will remain in full force and effect until I (we) notify **Haverhill Housing Authority** in writing at 25-C Washington Square, P.O. Box 751, Haverhill MA 01831-2451, that I (we) wish to revoke this authorization. I (we) understand that **Haverhill Housing Authority** requires at least 7 days prior notice in order to cancel this authorization.

I (we) understand that if my payment is returned for insufficient or uncollected funds, **Haverhill Housing Authority** will charge my (our) account a \$10.00 fee in addition to any fee my (our) Financial Institution charges. A payment returned for insufficient or uncollected funds will be retried one time and then will have to be collected outside of the ACH network.

Name(s) \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*The NACHA Operating Rules do not require the consumer's express authorization to initiate Reversing Entries to correct erroneous transactions.*