

**DENNIS HOUSING AUTHORITY
167 CENTER STREET
SOUTH DENNIS MA 02660
(508) 394-3120 / (508) 760-2352 (fax)**

Please attach a copy or voided
check to this form.
Thank you.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I (we) hereby authorize Dennis Housing Authority, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustment for any credit entries in error, to my (our)

Checking () Savings () account indicated below 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 # _____ ACCOUNT # _____

NAME ON ACCOUNT: _____

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) _____ SIGNED X _____
AUTHORIZED SIGNER

_____ SIGNED X _____
AUTHORIZED SIGNER

DATE _____

If you would like email confirmation of deposit, please provide valid email address below.

Email: _____

NOTE: All written credit authorizations must provide that the receiver may revoke the authorization only by notifying the Originator in the manner specified in the Authorization.

Please list names of tenant(s) _____

