



HINGHAM HOUSING AUTHORITY

30 THAXTER STREET
HINGHAM, MASSACHUSETTS 02043

James N. Marathas
Executive Director
Telephone: (781) 741-1417
Fax: (781) 741-9888

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS) OF RENT PAYMENT TO UTILITY ASSISTANCE PAYMENTS

Voucher Holder/Recipient's Name: _____

Initial Request

Change of Bank

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

Depository Bank Name: _____

Routing No: _____ Bank Account No.: _____

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

NAME (S): _____
Signature

NAME(S): _____
Signature

Address: _____

City: _____ State: _____ ZIP: _____ Date: _____

**PLEASE COMPLETE AND RETURN TO:
HINGHAM HOUSING AUTHORITY
30 THAXTER STREET
HINGHAM, MA 02043**



EQUAL HOUSING OPPORTUNITY