

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 DIRECT PAYMENTS (ACH DEBITS)

I (we) _____
hereby authorize **Dennis Housing Authority**, to initiate debit entries to my (our)
 Checking Account Savings Account (select one)
indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and
to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to
my (our) account most comply with the provisions of U.S. law.

This debit will be on a monthly basis no later than the 5th day of each month to pay the rent for said month.

Depository
Name _____ Branch _____

City _____ State _____

Routing Account
Number _____ Number _____

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

Name _____

Name _____

Date _____ Signature _____

**NOTE: DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION
ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**

RECEIPTS WILL NOT BE PROVIDED FOR DIRECT PAYMENTS

YOUR BANK STATEMENT IS YOUR RECEIPT