

Dear Tenant,

Enclosed is the ACH authorization form you requested. If you decide to use the electronic funds transfer, you will need to complete each highlighted field on the form. If you use a checking account, we will need to have a voided check attached to the form when you return it. If you use a savings account it must be a statement savings account (passbook savings accounts are not allowed). If you use a statement savings account you will need to get a letter from your bank with your routing and account numbers on it and the letter needs to state that it is a statement savings account. Keep in mind that the Fall River Housing Authority processes the ACH withdrawals on the 6<sup>th</sup> of each month and the rent will be deducted from your account on the 7<sup>th</sup> of each month. If the 6<sup>th</sup> or 7<sup>th</sup> is a weekend or holiday the money will be withdrawn on the following business day.

The form and voided check or letter from the bank must be received in the Computer Room of the Fall River Housing Authority by the 4<sup>th</sup> day of the month that you would like to start the ACH. If the paperwork is not received by the 4<sup>th</sup> of the month that you would like to start the ACH, it will start the following month.

If you decide to stop the ACH electronic funds transfer, the Fall River Housing Authority will need a written statement from you with your name and address stating that you want to end the ACH and what date you want to end it.

If you have any questions, give me a call.

Thank you,

# FALL RIVER HOUSING AUTHORITY

## ACH ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

The Fall River Housing Authority provides Automated Clearing House (ACH) electronic fund transfers to/from bank accounts. To participate in this service, please follow the instructions below.

1. COMPLETE THIS FORM. BE SURE TO INCLUDE YOUR SIGNATURE(S), AND DATE. PLEASE PRINT CLEARLY. (AN INCOMPLETE FORM CANNOT BE PROCESSED)
2. **IMPORTANT:** IF YOU CHOOSE TO USE A **CHECKING** ACCOUNT, PLEASE ATTACH A **VOIDED CHECK**. IF YOU CHOOSE TO USE A **SAVINGS** ACCOUNT, PLEASE **CONTACT YOUR FINANCIAL INSTITUTION** TO OBTAIN A LETTER FROM THEM **ON THEIR LETTERHEAD** WHICH INCLUDES PROPER ROUTING AND ACCOUNT NUMBERS. PASSBOOK SAVINGS ARE NOT ALLOWED MUST BE A **STATEMENT SAVINGS**
3. IF THE SELECTED ACCOUNT IS IN A NAME OTHER THAN YOURS, OR IS A JOINT ACCOUNT, YOU MUST INCLUDE THE NAME OF THE OTHER PARTY AND THEIR SIGNATURE.
4. VERIFY THE ACCOUNT AND ABA/ROUTING NUMBER WITH YOUR BANK.
5. SEND THE COMPLETED FORM TO THE HOUSING AUTHORITY:

MAIL: FALL RIVER HOUSING AUTHORITY      FAX: (508) 677-1346  
ATTN: COMPUTER DEPT  
PO BOX 2755  
FALL RIVER, MA 02722-2755

**Please call the Housing Authority at (508) 675-3548 if you need further assistance.**

### ACH ELECTRONIC FUND TRANSFERS (ACH DEBITS AND/OR ACH CREDITS)

NAME: \_\_\_\_\_ DAY PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(PLEASE PRINT CLEARLY)

I / WE HEREBY AUTHORIZE THE FALL RIVER HOUSING AUTHORITY TO INITIATE ACH TRANSFERS TO / FROM MY / OUR:  
(SELECT ONE)     CHECKING ACCOUNT - ATTACH A VOIDED CHECK.  
                          SAVINGS ACCOUNT - DO NOT USE DEPOSIT SLIP, CONTACT YOUR FINANCIAL INSTITUTION FOR ROUTING AND ACCOUNT NUMBERS, MUST BE A STATEMENT SAVINGS ACCOUNT (PASSBOOK SAVINGS ACCOUNTS NOT ACCEPTED)

AT THE FINANCIAL INSTITUTION INDICATED BELOW, I / WE UNDERSTAND IF CORRECTIONS ARE NECESSARY, IT MAY INVOLVE ADJUSTMENT (CREDIT OR DEBIT) TO MY / OUR ACCOUNT. I / WE ACKNOWLEDGE THAT THE ORIGINATION OF ACH TRANSACTIONS TO / FROM MY / OUR ACCOUNT MUST COMPLY WITH THE PROVISIONS OF U.S. LAW.

FINANCIAL INSTITUTION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

ACCOUNT HOLDER NAME(S): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(IF JOINT ACCOUNT HOLDER)

ACH START MONTH/YEAR \_\_\_\_\_

THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL THE FALL RIVER HOUSING AUTHORITY HAS RECEIVED WRITTEN NOTIFICATION FROM ME/US OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD THE HOUSING AUTHORITY AND FINANCIAL INSTITUTION A REASONABLE OPPORTUNITY TO ACT ON IT. ALL AUTHORIZATIONS PROVIDE THAT THE FUND TRANSFERS MAY ONLY BE REVOKED BY NOTIFYING THE FALL RIVER HOUSING AUTHORITY.

OFFICE USE ONLY:      DATE RECEIVED: \_\_\_\_\_      PRENOTE SENT: \_\_\_\_\_      INITIALS: \_\_\_\_\_