

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 WHICH INCLUDES PROPER ROUTING AND ACCOUNT NUMBERS**.
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
ATTN: COMPUTER DEPT
PO BOX 2755
FALL RIVER, MA 02722-2755

EMAIL: COMPUTERROOM@FALLRIVERHA.ORG
FAX: (508) 677-1346

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: _____
(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.

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: _____