



Direct Deposit Enrollment Request Form
Authorization Agreement for Automatic Deposits (ACH Credits)

Section 1 : Type of request (check one)

[] New Request for Direct Deposit OR [] Change Current Direct Deposit Information

Section 2 : Customer / Vendor / Payee Information

Name
Social Security # or Tax I.D. # Daytime Phone Number
Address City, State, Zip Code
E-mail Address (please print)

Section 3 : Direct Deposit Information:

[] Checking OR [] Savings

Account Holder's Name
Bank Name
Routing Number1
Account Number2

Please attached with voided check from the specified checking account.
Substitute documentation for account without paper check: 1) Bank statement; or 2) Letter from bank that indicate account name; account number and routing information

By signing this form you authorize Massachusetts Department of Housing and Community Development, Metro Housing Boston, and its authorized agents to verify your bank information using third party verification services. I authorize Metro Housing|Boston and Bank of America to make electronic deposits to the specified account. If monies to which I am not entitled are deposited to my account, I authorize Metro Housing|Boston to direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization or until this authorization is revoked by me in writing.

Signature (required) Date

Call (617) 425-6616 if you have any questions. Please note: You may receive one or more "paper" checks before your direct deposit enrollment is processed and becomes active.
1 The first nine numbers from the left at the bottom of your deposit slip if using a savings account or your check if using a checking account is the bank routing number. This number is always nine digits.
2 Your account number is at the bottom of your check or savings deposit slip, after the bank routing number (and before the check number if using a check). If there are zeros before or after your account number, please include them.

For internal use Only:

Program: [] MTW / Section 8 or [] MRVP / CoC Program or [] HomeBASE / RAFT
Staff Name :