



# West Springfield Housing Authority

37 Oxford Place  
 West Springfield, Massachusetts 01089  
 Main Office (413) 788-0988  
 Fax (413) 788-8663

**KIRK JASKO**  
 EXECUTIVE DIRECTOR

**Direct Deposit / Payment Form (must be completed to initiate direct deposit)**

**ACTION:**

set up new account

change

cancel direct deposit and receive check by mail

**VENDOR ID:**

Property Address: \_\_\_\_\_

Tenant: \_\_\_\_\_

**PROPERTY OWNER INFORMATION:**

Owner's Name: \_\_\_\_\_

Owner's Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**DIRECT DEPOSIT INFORMATION (MUST include a voided check)**

1. NAME OF BANK: \_\_\_\_\_
2. ACCT #: \_\_\_\_\_
3. ACCT Type: \_\_\_\_\_ Personal \_\_\_\_\_ Business ACCT Type (2): \_\_\_\_\_ Checking \_\_\_\_\_ Savings
4. ROUTING #: \_\_\_\_\_
5. TAX ID or SSN#: \_\_\_\_\_
6. EMAIL ADDRESS: \_\_\_\_\_

I certify that I am the owner, or joint owner, of the account designated to receive payment and am entitled to provide this authorization. I authorize the West Springfield Housing Authority to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account listed above. **This authorization will remain in effect until the West Springfield Housing Authority receives written notice of direct deposit termination from me**, in such time and manner as to afford reasonable opportunity for West Springfield Housing Authority and the Financial Institution(s) to act on it. If I change or terminate my account(s) without notifying the West Springfield Housing Authority in writing, I understand that my payment(s) may be delayed. This authorization may be discontinued only by my written request or upon termination of all Housing Assistance Payments Contracts with the West Springfield Housing Authority. Signed under the pains and penalties of perjury.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT CERTIFICATION**

The Owner agrees that endorsement of a check or acceptance of a direct deposit from the West Springfield Housing Authority:

- (1) shall be conclusive evidence that the Payee has received full and correct payment under the terms of the Payee's Housing Assistance Payments Contract with the West Springfield Housing Authority.