

**AUTHORIZATION FOR
DIRECT PAYMENTS**

I (we) hereby authorize the West Springfield Housing Authority hereafter call **WSHA** to initiate debit entries **for monthly rent on the 5th business day of each month** from my (our) account indicated below and the financial institution named below, hereafter called FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge that the origination of the transactions to my (our) account must comply with the provisions of US law.

FINANCIAL INSTITUTION

NAME

BRANCH

CITY, STATE, ZIP

ACCOUNT # _____ CHECKING _____ SAVING _____

ROUTING NUMBER _____

**PLEASE ATTACH A VOIDED CHECK OR A COPY OF YOUR SAVINGS
ACCOUNT CARD TO THIS DOCUMENT**

The WSHA shall not pay my rent if funds are not sufficient at the time of debit. I understand that a non-sufficient funds (NFS) fee may be charged if the debit is denied or returned for any reason. If debit is returned, I must promptly remit payment by money order or personal check to include NSF fee. I understand I will receive a notice from the WSHA if my rent changes.

This authority is to remain in full force and effect until the West Springfield 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 the West Springfield Housing Authority and the Financial Institute a reasonable opportunity to act on it.

Tenant Name

Tenant Address

Signature

Date