AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT
MERIDEN HOUSING AUTHORITY

A. PLEASE CHECK ONE

Landlord Name: _____

☐ **NEW ACCOUNT**

Tenant(s) Name(s): _____

☐ **CHANGE OF NEW ACCOUNT**

B. BANK INFORMATION

Bank name _____

Bank Address _____

_____

City **State** **Zip Code**

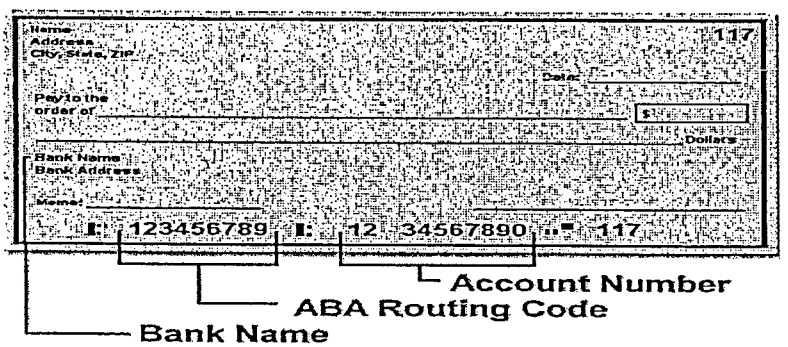
C. TYPE OF ACCOUNT

☐ **Saving** ☐ **Checking**

Bank TBA/Routing Number ☐☐☐☐☐☐☐☐☐

Bank Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐

Example



PLEASE ATTACHED A VOIDED CHECK WITH THIS FORM

D. AUTHORIZATION

I/We authorized the MHA to deposit the HAP payments at the above account
I/We authorized the MHA to reverse payments that I/we are not entitle
I/We understand that is My/Our responsibility to ensure that HAP payments are deposited correctly each month and to notify any changes in my account number to the MHA.

Landlord/Agent Print _____ Phone _____

Landlord/Agent Signature _____ Date _____