

HOUSING AUTHORITY OF THE TOWN OF ENFIELD



1 Pearson Way, Enfield, CT 06082
(860) 745-7493 Fax (860) 741-8439
TDD/TTY 800-545-1833 Ext. 849
www.enfieldha.org

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

The Enfield Housing Authority has instituted a procedure to have Housing Assistance Payments (HAP) and Utility Allowance Payments (UAP) directly deposited into bank accounts. Please complete this form, in its entirety, and return to the Enfield Housing Authority *with a voided check or a letter from the bank (on bank letterhead) noting the account number, bank routing number and account type.*

I hereby authorize the Enfield Housing Authority to initiate credit entries to my account listed below.

Bank Name: _____

Routing Number: _____ Account Number: _____

Choose one: () Checking () Savings

Payee Name: _____

Payee Address: _____

Social Security # or Tax Identification #: _____

Email Address: _____

Payment confirmations will be sent to the email address provided on this form. If no email is provided, you will **NOT** receive notification by mail.

This authorization is to remain in full effect until the Enfield Housing Authority has received written notification from me of its termination in such time and manner as to afford the Enfield Housing Authority reasonable opportunity to act on it.

Signature

Date

The Enfield Housing Authority provides equal opportunity to participate in our housing programs. Any disabled individual requiring a reasonable accommodation to fully utilize the housing programs and related services may request such by contacting Colin Hoppie, Portfolio Director, at (860) 745-7493 ext. 202

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Equal Housing Opportunity

