

**Executive Director** Dear Resident.

## **Rochester Housing Authority**

77 Olde Farm Lane Rochester, N.H. 03867 (603) 332-4126 Fax (603) 332-0039

email: Staceyp@rhanh.org Website: www.rhanh.org

The Rochester Housing Authority accepts direct ACH rent payments for residents who wish to have their rent directly withdrawn from their bank account on the 5<sup>th</sup> of each month using your checking account. If you are interested in having your rent automatically withdrawn on the 5<sup>th</sup> of each month from your bank account, please complete this form and attach a voided check. Once your information has been entered, it will be shredded for your protection.

If you change bank accounts, you MUST contact the housing authority with the new information, otherwise the ACH will continue to come out of the wrong account and may cause your rent to become in arrears. Failure to pay rent may result in eviction. Once your account is setup, you will not have to update the form when your rent changes, the software will automatically adjust the ACH for the following month.

| Credit A                                  | uthorization (Please Print)  |                               |
|---|------------------------------|-------------------------------|
| I hereby authorize the Rochester Hou      | sing Authority thereinafte   | er called RHA, to initiate    |
| debit entries to my account indicated     | below and the financial in   | stitution named below,        |
| hereinafter called FINANCIAL INST         | TITUTION. I acknowledge      | that the origination of ACH   |
| transactions from my account my mu        | st comply with the provision | ons of the US and Law.        |
| Financial Institution Name:               |                              |                               |
| Address:                                  | City/State:                  | Zip Code:                     |
| Routing Number:                           | Account Number:              |                               |
| Type of Account: Checking - yes/no        |                              |                               |
| This authority is to remain in full force | e and effect until RHA has   | received written notification |
| from me to terminate in such time and     | manner as to afford RHA      | and Financial Institution a   |
| reasonable opportunity to act on it. PL   | EASE ATTACH A VOII           | DED CHECK TO THIS             |
| FORM                                      |                              |                               |
| Desident Nemer                            |                              |                               |
| Resident Name:Please Pri                  |                              |                               |
|   |                              |                               |
| Residents Address:                        |                              |                               |
| Please Pr                                 | int                          |                               |
| Phone Number:                             |                              |                               |
| Home/Cel                                  | 1                            |                               |
|   |                              |                               |
| Email:                                    |                              |                               |
| Optional                                  |                              |                               |
| Signature:                                | Date:                        |                               |
| Effective Date of ACH:                    |                              |                               |
| $\mathbf{\wedge}$                         |                              |                               |
|   |                              |                               |



