



Direct Deposit Agreement Form

Landlord Information	
Landlord Name: (as it appears on your housing assistance payment)	
Tax ID Number:	
Contact Phone Number:	
Name of Tenant Receiving Assistance:	

Authorization Agreement

I (we) hereby authorize **Cambridge Housing Authority** to initiate automatic credit entries to my (our) account at the financial institution named below.

Further, I agree not to hold **Cambridge Housing Authority** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Cambridge Housing Authority** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Fiscal Department of the Cambridge Housing Authority. Please check here if this is a request to change bank and/ or account #. Direct deposit funds will be deposited on or before the fifth day of the month.

Account Information

Name of Financial Institution: _____ City: _____ State: _____

Routing Number: _____

Account Number: _____

Checking Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form to the Fiscal Department.

**Mail To: Cambridge Housing Authority
Attn: LEASING DEPT- Karel Lindor
362 Green Street, 3rd floor
Cambridge, MA 02139**

