

**MEDFORD HOUSING AUTHORITY**  
**121 RIVERSIDE AVENUE**  
**MEDFORD, MASSACHUSETTS 02155**

TELEPHONE 781-396-7200  
FAX 781-393-9223

TELEPHONE FOR THE DEAF  
TTY 1-800-720-3480

I (We) hereby authorize the MEDFORD HOUSING AUTHORITY (MHA) to automatically debit my checking account each month for the amount of my monthly rent or another amount to be mutually agreed upon in advance. This authorization applies to the bank account shown on the enclosed check or deposit slip.

I understand that the payment is to be deducted on the 5<sup>th</sup> day of each month, or the first business day immediately following the 5<sup>th</sup> day of the month. I also agree that if my bank refused the payment, then I must pay that amount to the MHA by the 10<sup>th</sup> of the month in the form of a Money Order.

I understand that MHA reserves the right, upon notification, to terminate my participation in the payment option. I understand and agree that the MHA is not liable for incorrect debits to my account, except that should an error occur, MHA will be responsible to correct it if the notice of error is received within 90 days.

This authorization is to remain in effect until the MEDFORD HOUSING AUTHORITY has received written notification from me of its termination and in such manner as to afford MHA and the bank a reasonable opportunity to act on it.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ START DATE: \_\_\_\_\_

ACCOUNT TO BE DEBITED

Checking (enclose voided check)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



EQUAL HOUSING OPPORTUNITY