

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



Direct Deposit Enrollment Form

Section 1: Type of request:

New request for Direct Deposit or Change current Direct Deposit information

Section 2: Landlord Information:

As it appears on check.

Name: _____

Social Security number or Tax Identification Number (TIN): _____

Address; _____ City, State, Zip Code: _____

Phone number: _____ Email address: _____

Section 3: Direct Deposit Information:

Checking OR Savings

Account Holder's name: _____

Bank Name: _____

Routing Number: _____

Account Number: _____

Please attach a voided check from the specified account. For accounts without paper checks please attach a letter from the bank that indicates account name, account number and routing number. **DEPOSITS SLIPS CANNOT BE ACCEPTED.**

I, _____ hereby certify that the account indicated on this form are under my direct control and access. I authorize Medford Housing Authority to initiate, change or cancel credit entries to account, as indicated on this form. If monies to which I am not entitled are deposited to my account, I authorize MHA to direct the financial institution to return said funds. This authority will remain in effect until either cancelled in writing or a new authorization form has been sent to MHA.

Authorized Signature Required: _____

Print: _____ Date: _____

Tenant Name: _____



EQUAL HOUSING OPPORTUNITY