



**BOSTON HOUSING AUTHORITY**  
 Leased Housing  
 52 Chauncy Street, Floor 5  
 Boston, Massachusetts 02111

Phone: 617-988-4000  
 Fax: 617-988-4102  
 TDD: 800-545-1833 x420  
[www.BostonHousing.org](http://www.BostonHousing.org)

**Direct Deposit Enrollment / Change Form**

VENDOR ID#:

**ACTION**

set up new account  change existing account

**PROPERTY OWNER INFORMATION**

Property Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Email: \_\_\_\_\_

**DIRECT DEPOSIT INFORMATION – INCLUDE A VOIDED CHECK**

1. NAME OF BANK: \_\_\_\_\_
2. ACCT # \_\_\_\_\_
3. ACCT Type:  Personal  Business
4. Checking / Savings:  Checking  Savings
5. ROUTING # \_\_\_\_\_
6. TAX ID OR SSN#: \_\_\_\_\_

I certify that I am the owner, or joint owner, of the account designated to receive payment and am entitled to provide this authorization. I authorize the Boston Housing Authority to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account listed above. **This authorization will remain in effect until the Boston Housing Authority receives written notice of direct deposit termination from me**, in such time and manner as to afford reasonable opportunity for Boston Housing Authority and the Financial Institution(s) to act on it. If I change or terminate my account(s) without notifying the Boston Housing Authority in writing, I understand that my payment(s) may be delayed. This authorization may be discontinued only by my written request or upon termination of all Housing Assistance Payments Contracts with the Boston Housing Authority. Signed under the pains and penalties of perjury.

\_\_\_\_\_  
 Signature of Owner Date

**PAYMENT CERTIFICATION**

The Owner agrees that endorsement of a check or acceptance of a direct deposit from the Boston Housing Authority: (1) shall be conclusive evidence that the Payee has received full and correct payment under the terms of the Payee's Housing Assistance Payments Contract with the Boston Housing Authority, (2) shall certify that the contract unit is in compliance with the Massachusetts State Sanitary Code, (3) shall certify that the contract unit for which the payments are received is occupied by the contract tenant, (4) and that the owner will notify the Boston Housing Authority promptly of any vacancy during the lease term. Signed under the pains and penalties of perjury.

\_\_\_\_\_  
 Signature of Owner Date