

DIRECT PAYMENT AUTHORIZATION

I hereby authorize the ***Gardner Housing Authority*** called the “Company”, to initiate debit entries and, if necessary, debit corrections and adjustment entries to my account at the financial institution listed below:

Financial Institution

Address

City/State/Zip

Account Type (Checking/Savings)

Routing & Transit Number

Account Number

Amount of Debit/Withdrawal

Date of Debit/Withdrawal

This is to remain in full force and effect until “Company” has received written notification from the recipient of its termination in such a time and manner as to afford “Company” a reasonable time to act upon it.

Recipient Signature

Date

Printed Name

Address