



GARDNER HOUSING AUTHORITY

116 Church Street
Gardner, Massachusetts 01440
Tel. (978) 632-6627
Fax (978) 632-9530

DIRECT PAYMENT AUTHORIZATION

By signing this form, I authorize Gardner Housing Authority to initiate debit entries and, if necessary, debit corrections and adjustment entries to my account at the financial institution listed below.

I understand that I am giving authorization for automatic withdrawal of my monthly rent on the seventh (7th) of each month. I understand that the amount taken from my account will be based on my annual rent which is subject to change based on annual and interim certifications.

**Please provide the following information to have your rent taken out automatically each month.
It's preferred you provide us with voided check from the referenced account.**

RESIDENT NAME	
RESIDENT ADDRESS	
FINANCIAL INSTITUTION (NAME OF BANK)	
ROUTING NUMBER	
ACCOUNT NUMBER	
SAVINGS OR CHECKING?	

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

Signature

Date

Printed Name

Date Stamp

GHA Employee Initials

Rev: 05/02/2023