



GARDNER HOUSING AUTHORITY

HCV (Section8) Program
116 Church Street; Suite 1
Gardner, Massachusetts 01440
Tel. (978) 632-6634
Fax (978) 632-2043

DIRECT PAYMENT AUTHORIZATION

I hereby authorize Gardner Housing Authority to initiate credit entries and, if necessary, debit corrections and adjustment entries to my account at the financial institution specified below:

FINANCIAL INSTITUTION	
ADDRESS OF THE FINANCIAL INSTITUTION	
NAME ON ACCOUNT (MUST MATCH IRS RECORDS OF W-9)	
ROUTING & TRANSIT #	
ACCOUNT #	
ACCOUNT TYPE	PERSONAL / BUSINESS (circle one)

THIS FORM MUST BE SUBMITTED WITH THE W-9 FORM & VOIDED CHECK

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

Printed Name

Email Address

Landlord/Business Name (ie. ABC Housing, LLC)

SSN / ITIN on file

Landlord/Business Address

Signature

Date