# NEWTON HOUSING AUTHORITY
# 82 LINCOLN STREET
# NEWTON HIGHLANDS, MASSACHUSETTS 02461

**Telephone:** **(617) 552-5501**
**Fax:** **(617) 964-8387**

**Amy Zarechian**
**Executive Director**

## ACH CREDIT AUTHORIZATION (DIRECT DEPOSIT)

I (we) hereby authorize Newton Housing Authority to initiate credit and, if necessary, debit entries and adjustments to any credit entries in error, to my (our) account indicated below at the depository named below, hereinafter called FINANCIAL INSTITUTION.

**TYPE OF ACCOUNT:** ☐ **CHECKING** ☐ **SAVINGS**

_____
**OWNER NAME(S)**

_____
NAME OF THE FINANCIAL INSTITUTION

_____
ABA / ROUTING NUMBER ACCOUNT NUMBER

_____
OWNER ADDRESS

_____
OWNER CITY, STATE/ZIP

_____
TELEPHONE NUMBER EMAIL ADDRESS

_____
NAME OF TENANT(S)

This authority is to remain in full force and effect until Newton Housing Authority has received written notification from me (or either of us) of its termination in such time and manner as to afford Newton Housing Authority and the Financial Institution named above a reasonable opportunity to act on it.

_____
SIGNATURE DATE

***PLEASE ATTACH A VOIDED CHECK OR A LETTER FROM THE FINANCIAL INSTITUTION CONFIRMING THE ROUTING NUMBER & ACCOUNT NUMBER TO THIS AGREEMENT.**

You may email this agreement with all supporting documents to vgalarza@newtonhousing.org.