



**Housing Authority of the Town of Portland
9 Chatham Court, Portland, CT 06480**

Automatic Direct Debit Authorization Form

Tenant Name: _____

Tenant Address: _____

Email Address: _____

Telephone Number: _____

Bank Name or Financial Institution: _____

Type of Account you would like us to debit from: Checking or Saving

Routing Number:

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Account Number:

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Which date can we debit the account? 3rd or the 10th

By signing this agreement, I authorize Portland Housing Authority to initiate debit entries to the account indicated above for the purpose of my monthly rent due. I also authorize Portland Housing Authority to initiate, if necessary, credit entries and adjustments for any debit entries made in error. The PHA is not responsible for any extra bank charges due to insufficient funds in your account.

I understand that this authorization will remain in full force and effect until I notify THE PORTLAND HOUSING AUTHORITY in writing, that I wish to revoke this authorization. I understand that THE PORTLAND HOUSING AUTHORITY requires at least 30 days/ 4 weeks prior notice in order to cancel this authorization.

Signature: _____

Date: _____

If the account is a joint account or in someone else's name, that individual must also agree to the terms stated above by signing.

Signature: _____

Date: _____