



CAMBRIDGE HOUSING AUTHORITY

Direct Deposit Agreement Form

Landlord Information	
Landlord Name: (as it appears on your Housing check)	
Tax ID Number:	
Contact Number:	

Authorization Agreement

I (we) hereby authorize **Cambridge Housing Authority** to initiate automatic credit entries to my (our) account at the financial institution named below.

Further, I agree not to hold **Cambridge Housing Authority** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Cambridge Housing Authority** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Fiscal Department of the Cambridge Housing Authority.

Account Information			
Name of Financial Institution:	_____	City: _____	State: _____
Routing Number:	_____		
Account Number:	_____	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>

Signature	
Authorized Signature (Primary):	_____ Date: _____
Authorized Signature (Joint):	_____ Date: _____

Please attach a voided check or deposit slip and return this form to the Fiscal Department.

Mail To: Cambridge Housing Authority
Attn: FISCAL DEPARTMENT
675 Massachusetts Avenue
Cambridge, MA 02139

