



HAP Electronic Funds Transfer (Direct Deposit) Form

The following information must be completed to initiate your monthly HAP payment via direct deposit. Please attach a voided check or an authorized letter from your financial institution. Return this form by email to bjancarik@watertownha.org or by mail to the address below:

Watertown Housing Authority
Attn: Leased Housing Manager
55 Waverley Avenue
Watertown, MA 02452

Landlord's Name: _____ SSN or Tax ID: _____

Company Name (if applicable): _____

Mailing Address: _____

City/Town: _____ State: _____ Zip: _____

Phone Number: _____

Email Address (required): _____

NEW CHANGE (check one box)

Bank Name: _____

Depository Name: _____ Checking Savings (check one box)

Bank Routing Number: _____ Bank Account Number: _____

AUTHORIZATION

Payee authorizes Watertown Housing Authority (WHA) to deposit Housing Assistance Payments (HAP) by electronic transfer into the designated Depository and Account Number listed above. Payee understands that this authorization will remain in effect until WHA has received written notification from Payee of its termination in such time and such manner as to afford WHA and the Depository a reasonable opportunity to act upon it.

Payee authorizes WHA to recover HAP electronically deposited in error, by adjusting future HAP or debiting an amount equal to the erroneous deposit. Payee will be notified in writing by WHA if and when any adjustments will be made. **Payee certifies that the SSN or Tax ID listed above corresponds to the number stated on the W-9 form and on record at WHA.**

Landlord or Authorized Representative's Signature

Date

FOR OFFICE USE ONLY – Date entered into system: _____ By: _____