

Malden Housing Authority
Section 8 Department
89 Pearl Street
Malden, MA 02148
781-322-8007
781-322-8039 Fax

Landlord Direct Deposit Authorization Agreement

I authorize Malden Housing Authority (MHA) to automatically deposit my monthly Housing Assistance Payment to my account at the Depository Financial Institution named in the form below. I understand that this agreement may be terminated by either me or by the MHA at any time by written notification.

Request for Direct Deposit

I authorize the Malden Housing Authority to automatically deposit my monthly Housing Assistance Payment

Checking account _____ Savings account _____

Bank Name: _____

Routing #: _____ Account #: _____

If monies to which I am not entitled are deposited into my account, I authorize MHA to direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization, or until the authorization is revoked by me in writing.

Tenant Name: (please print): _____

Landlord Name: (please print): _____

Telephone #: () _____ Email: _____

I have read and understand these terms:

Signature

Date

ATTACH VOIDED CHECK HERE

Please return completed form to the Section 8 Department.