



Portsmouth Housing Authority

Direct Deposit Agreement Form

Authorization Agreement – Accounts Payable

I hereby authorize Portsmouth Housing Authority to initiate automatic deposits to my account at the financial institution named below. I also authorize Portsmouth Housing Authority to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Portsmouth 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 Portsmouth 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 Portsmouth Housing Authority. *Please note that direct deposit may take up to a month to commence.*

Account Information

Account Name: _____

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking | Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

**Please attach or scan a voided check or deposit slip and return this form to the Portsmouth Housing Authority.
Forms can be returned to us by mail, fax or email.**

Mail: 245 Middle Street, Portsmouth, NH 03801. Fax: 603-436-4937. Email: v_labrie@nh-pha.com.