



Section 8 Offices  
23B Glade Street, West Haven, CT 06516  
Tel: (203) 934-9266  
Fax: (203) 937-0306  
TTD/TTY 1-800-545-1833 X 901  
Section 8 Inspection office  
Tel: (203) 691-8444

Equal Opportunity Housing

*BOARD OF COMMISSIONERS*

Rosemarie Paine, Chairwoman  
John R. O'Connor, Vice-Chairman  
Wayne A. Orio, Treasurer  
Tracy L. Mooney  
Jasmin Nugent

*John P. Counter*

Executive Director

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)**

Dear Landlord:

The Savin Rock Communities has implemented a direct deposit system for the monthly Housing Assistance Payments (HAP) checks. Therefore, please complete and sign the form on the back of this letter, "Authorization Agreement". Please make sure that you return this form with a voided check so that we may accurately process the paperwork.

Also, if you choose, to keep track of and verify HAP payments we have included instructions on signing up for "HMS-PAL" which is an online system where you can look up your payments. Keep the instructions for your records.

Thank you for your immediate attention to this matter.

**\*\*\*PLEASE DISREGARD IF YOU ALREADY HAVE DIRECT DEPOSIT\*\*\*\***



Section 8 Offices  
23B Glade Street, West Haven, CT 06516  
Tel: (203) 934-9266  
Fax: (203) 937-0306  
TTD/TTY 1-800-545-1833 X 901  
Section 8 Inspection office  
Tel: (203) 691-8444

Equal Opportunity Housing

**BOARD OF COMMISSIONERS**

Rosemarie Paine, Chairwoman  
John R. O'Connor, Vice-Chairman  
Wayne A. Orio, Treasurer  
Tracy L. Mooney  
Jasmin Nugent

*John P. Counter*

Executive Director

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)**

COMPANY NAME: Savin Rock Communities

I (we) hereby authorize Savin Rock Communities to initiate credit entries and to initiate, if necessary, debit entries and adjustment for any credit entries in error to my (our) Checking/Savings account indicated below at the depository named below, hereinafter called depository, to credit and/or debit the same to such account.

DEPOSITORY  
NAME: \_\_\_\_\_ BRANCH: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

ROUTING NO.: \_\_\_\_\_ ACCOUNT NO.\*: \_\_\_\_\_

ACCOUNT TYPE: Checking or Savings (please circle one)

**\*You must also enclose a voided check or letter from bank for verification. (No deposit slips)**

This authorization is to remain in full force and effect until Savin Rock Communities has received written notice from me (or either of us) of its termination in such time and in such manner as to afford Savin Rock Communities and DEPOSITORY a reasonable opportunity to act on it.

NAME ON ACCOUNT: \_\_\_\_\_  
(PRINT)

NAME OF SIGNEE (IF DIFFERENT) \_\_\_\_\_  
(PRINT)

SSN or TAX ID#: \_\_\_\_\_ (Please explain if different than one submitted on W-9)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_