Metro Housing
B O S T O N
People First. Housing Always.

Direct Deposit Enrollment Request Form
Authorization Agreement for Automatic Deposits (ACH Credits)

Section 1 : Type of request (check one)

[   ]   New Request for Direct Deposit   **OR**   [   ] Change Current Direct Deposit Information

Section 2 : Customer / Vendor / Payee Information

Name _____

Social Security # or Tax I.D. # _____   Daytime Phone Number _____

Address _____ City, State, Zip Code _____

E-mail Address (please print) _____

Section 3 : Direct Deposit Information:

[   ]   Checking   **OR**   [   ] Savings

Account Holder's Name _____

Bank Name _____

Routing Number1 _____

Account Number2 _____

Please attached with **voided check** from the specified checking account.
Substitute documentation **for account without paper check**: 1) Bank statement; or 2) Letter from bank that indicate account name; account number and routing information

I authorize Metro Housing|Boston and Bank of America to make electronic deposits to the specified account. If monies to which I am not entitled are deposited to my account, I authorize Metro Housing|Boston to direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization or until this authorization is revoked by me in writing.

Signature (required) _____   Date _____

Call (617) 425-6616 if you have any questions. *Please note:* You may receive one or more "paper" checks before your direct deposit enrollment is processed and becomes active.
1 The first nine numbers from the left at the bottom of your deposit slip if using a savings account or your check if using a checking account is the bank routing number. This number is always nine digits.
2 Your account number is at the bottom of your check or savings deposit slip, after the bank routing number (and before the check number if using a check). If there are zeros before or after your account number, please include them.

For internal use Only:
Program: [   ] MTW / Section 8   or [   ] MRVP / CoC Program or   [   ] HomeBASE / RAFT
Staff Name : _____