

115 Scranton Avenue
Falmouth, MA 02540



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www.falmouthhousing.org
Tax ID: #04-6000780

**LANDLORD
HOUSING ASSISTANCE PAYMENT (HAP)
DIRECT DEPOSIT AUTHORIZATION AGREEMENT
For Automatic Deposits (ACH Credits)**

I (we) hereby authorize the Falmouth Housing Authority, hereinafter referred to as "FHA," to initiate credit entries to my (our) account designated below. I also authorize FHA to initiate, if necessary, debit entries for any credit entries made in error. I understand that direct deposit of monthly HAP payments are paid by the 5th day of each month. This authorization applies to the following account:

Account Type:

- Checking
- Savings

Depository Name: _____

Name of Bank & Branch Info: _____

Address: _____

City, ST ZIP: _____

Routing Number: _____

Account Number: _____

Attach a VOIDED CHECK for Checking Accounts or Bank Authorization for Savings Accounts

This authorization shall remain in effect until FHA receives a written notice of termination from me (or either of us), providing a reasonable opportunity for both FHA and the DEPOSITORY (you/your business) to act upon such notice.

Owner/Landlord Obligations

As a participant in the Housing Assistance Payments (HAP) program, I understand that I am responsible for:

- Complying with all requirements regarding the rental property and tenant eligibility.
- Maintaining the property in accordance with local housing codes and the terms of the lease agreement.
- Notifying the Falmouth Housing Authority of any changes to ownership or bank account information promptly.
- I agree to notify the housing authority promptly if my tenant stops paying their portion of rent. I understand that failure to do so could result in a HOLD of the HAP payment.

Thank you for your cooperation and participation in the HAP program.

Date Signed by Business/Owner: _____
(For FHA Use Only)

Signature of Business/Owner: _____
Signature of Staff: _____

Date received:

Date entered & scanned into software:
