



ACH Payment Authorization Form

Schedule your payment to be automatically deducted from your checking or savings account. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time, postage or travel)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. You will be charged your monthly rent, monthly repayment agreement amount (if applicable) and any additional fees or charges. The charge will appear on your bank statement as an "ACH Debit" and payment will be reflected on your next statement. You agree that no prior-notification will be provided unless the date changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize Lowell Housing Authority to charge my bank account
(full name)
 indicated below on the **4th** of each month (or next business day) for payment of my rent and fees due.

Billing Address _____ Phone# _____
 City, State, Zip _____ Email _____

Account Type: Checking Savings

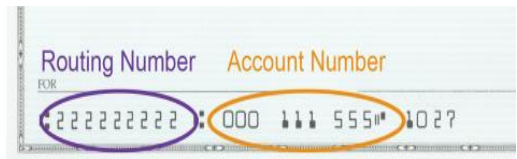
Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



Provide voided check, if possible

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify LHA in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that LHA may at its discretion attempt to process the charge again within 30 days, and agree to an additional NSF fee charge for each returned ACH. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.