

Owner Number: _____

SOUTH SHORE HOUSING



South Shore Housing Development Corporation
169 Summer Street
Kingston, MA 02364-1220
(781) 422-4200; 1-800-242-0957
FAX (781) 585-7483 * TDD (781) 422-4200

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

New Request for Direct Deposit _____ Updating Current Direct Deposit Account _____

Property Owner's Name(s): _____

Owner Address: _____

Owner's Daytime Phone Number: _____

Owner's Email Address (Required for Direct Deposit Notification): _____

Social Security Number or Tax ID Number: _____

I authorize South Shore Housing Development Corporation and Rockland Trust Company to make electronic deposits to the specified account below. If monies to which I am not entitled are deposited to my account, I authorize South Shore Housing Development Corp. 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: _____

Type of Account (please circle one): CHECKING SAVINGS

Please Attach Voided Check Here

Mail this completed form to: Ann McClure, South Shore Housing, 169 Summer Street, Kingston, MA 02364