



PUBLIC HOUSING AUTHORIZATION FOR EFT WITHDRAWALS

DATE: ___ / ___ / _____

NAME: _____ APT #: _____

BANK NAME: _____

ROUTING #: _____

ACCOUNT #: _____

_____ CHECKING _____ SAVINGS

PLEASE INITIAL: _____

RENT TO BE WITHDRAWN MONTHLY: _____

A/C CHARGE TO BE WITHDRAWN JUNE-SEPTEMBER: _____

DATE TO BEGIN WITHDRAWALS: _____

I NO LONGER WANT CENTRAL FALLS HOUSING AUTHORITY TO WITHDRAW

MY RENT FROM MY BANK ACCOUNT AS OF _____.

TENANT SIGNATURE

DATE