

**ELECTRONIC FUND TRANSFER/PAYMENT
ENROLLMENT FORM**

This form is used for establishing Automated Clearing House (ACH) payments with New Hampshire Housing.

PRIVACY ACT STATEMENT
The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579).

PAYER/COMPANY INFORMATION

NAME:	New Hampshire Housing Finance Authority
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ADDRESS:	P.O. Box 5087
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Manchester, NH 03108

CONTACT PERSON NAME: Mindy Danis	TELEPHONE NUMBER: (603) 472-8623 X 9305
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ADDITIONAL INFORMATION:

NAME/COMPANY INFORMATION

NAME:	SSN NO. OR TAXPAYER ID NO.
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ADDRESS:

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CONTACT PERSON NAME: (if different from above)	DATE
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TELEPHONE NUMBER: ()	E-MAIL ADDRESS:
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SIGNATURE:	TITLE OF AUTHORIZED OFFICIAL: (for businesses only)
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In signing this form, I authorize all payments to be sent to the bank/financial institution named below for deposit to the designated account.

BANK/FINANCIAL INSTITUTION INFORMATION

NAME:

ADDRESS:

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BANK/FINANCIAL INSTITUTION REPRESENTATIVE NAME: (if available)	TELEPHONE NUMBER: ()
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NINE-DIGIT ROUTING TRANSIT NUMBER: _ _ _ _ _

BANK/FINANCIAL INSTITUTION ACCOUNT NAME:
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BANK/FINANCIAL INSTITUTION ACCOUNT NUMBER:	TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
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PLEASE SEE ENCLOSED INSTRUCTIONS

**Instructions for Completing
Electronic Fund Transfer/Payment Enrollment Form**

Make one (1) copy after completing. Payee/company keeps copy and mails original to New Hampshire Housing at the following address:

New Hampshire Housing Finance Authority
Attn: Mindy Danis
P.O. Box 5087
Manchester, NH 03108

Original forms including original signatures must be received in order to be processed. Please contact Mindy Danis at MDanis@nhhfa.org or 603-310-9305 with questions.

1. Payer/Company Information

This section is filled out by New Hampshire Housing.

2. Name/Company Information

Print or type your name or your company's name and address, social security number or taxpayer ID number, contact person name, telephone number and e-mail address. Also, your signature or the signature and title of an authorized official of your company to authorize the receipt of electronic payments must be completed. Please note that a valid e-mail address must be provided to receive a monthly itemized statement for Section 8 payments.

3. Bank/Financial Institution Information

Print or type the name and address of your (or your company's) bank or financial institution who will receive the electronic payments. Please include a contact name and phone number of someone at your bank or financial institution in case we need to contact them regarding your electronic payments. The nine-digit routing transit number is your bank's or financial institution's ABA number. Print the name that is listed on your bank account under the bank/financial institution account name and your bank account number under the bank/financial institution account number. If you have a personal bank account, the name of the account is usually your own name. Also, the box for type of account must be checked.