

PAYEE ID (if applicable))	
EFT ID (if applicable)	

## ELECTRONIC FUND TRANSFER/PAYMENT ENROLLMENT FORM

<b>This form is used for establishing Automated Clearing House (ACH) payments with New Hampshire Housing.</b>	
<b>PRIVACY ACT STATEMENT</b>	
The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579).	
<b>PAYER/COMPANY INFORMATION (NH Housing staff ONLY)</b>	
NAME: New Hampshire Housing Finance Authority, PO Box 5087 Manchester, NH 03108	
NH HOUSING DIVISION:	TELEPHONE NUMBER:

<b>NAME/COMPANY INFORMATION</b>	
NAME/COMPANY NAME:	SSN NO. OR TAXPAYER ID NO.
ADDRESS:	
CONTACT PERSON NAME: (if different from above)	DATE:
TELEPHONE NUMBER:	E-MAIL ADDRESS:
SIGNATURE:	TITLE OF AUTHORIZED OFFICIAL: (for businesses only)

**In signing this form, I authorize all payments to be sent to the bank/financial institution named below for deposit to the designated account.**

<b>BANK/FINANCIAL INSTITUTION INFORMATION</b>	
BANK NAME:	
TYPE OF BANK ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDITIONAL INFORMATION: <input type="checkbox"/> NEW EFT <input type="checkbox"/> CHANGE TO EXISTING EFT	
NAME ON ACCOUNT:	
NINE-DIGIT ROUTING TRANSIT NUMBER:	RE-ENTER NINE-DIGIT TRANSIT NUMBER:
ACCOUNT NUMBER:	RE-ENTER ACCOUNT NUMBER:
<b>CALLBACK VERIFICATION (NH Housing staff ONLY)</b>	
Verified By:	Date & Time:
Verified with Name:	Verified with Company:



## **Instructions for Completing**

### **Electronic Fund Transfer/Payment Enrollment Form**

Mail, fax, or email the completed form to:

New Hampshire Housing Finance Authority  
ATTN: NH Housing Division (from 1<sup>st</sup> page)  
P.O. Box 5087  
Manchester, NH 03108

#### **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.
- Your signature and title or the signature and title of an authorized official of your company to receive electronic payments must be included.

#### **3. Bank/Financial Institution Information**

- Print or type the name of your (or your company's) bank or financial institution who will receive the electronic payments.
- Type Bank of Account: Please check whether the account is a checking or saving
- Indicate whether this is a new EFT request or a change to an existing setup
- Print or type the name on the Bank/Financial Institution account.
- Fill in the nine-digit routing transit number which is your bank or financial institution's ABA number.
- Re-enter the nine-digit routing transit number which is your bank or financial institution's ABA number.
- Bank/Financial Institution Account Number: Print the account in this space. If you have a personal bank account, the name of the account is usually your own name.
- Re-enter the Bank/Financial Institution Account Number.

#### **4. Callback Verification**

- This section will be filled out by New Hampshire Housing when calling to verify the information provided on this form.