

FOR NHHFA USE ONLY	
PAYEE ID:	
EFT ID:	

**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</b>	
NAME:	New Hampshire Housing Finance Authority
ADDRESS:	P.O. Box 5087 Manchester, NH 03108
CONTACT PERSON NAME: Assisted Housing Division	TELEPHONE NUMBER: (800) 439-7247
ADDITIONAL INFORMATION: NEW / EXISTING	
<b>NAME/COMPANY INFORMATION</b>	
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>	
NAME:	
ADDRESS:	
BANK/FINANCIAL INSTITUTION REPRESENTATIVE NAME: (if available)	TELEPHONE NUMBER:
NINE-DIGIT ROUTING TRANSIT NUMBER:	
BANK/FINANCIAL INSTITUTION ACCOUNT NAME:	
BANK/FINANCIAL INSTITUTION ACCOUNT NUMBER:	TYPE OF ACCOUNT: [ ] CHECKING [ ] SAVINGS

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

Complete the entire form. *Original forms including original signatures must be received in order to be processed.* Please contact our Assisted Housing Division at 1-800-439-7247 with questions.

Payee/company keeps one copy. Mail original to:

New Hampshire Housing Finance Authority  
Attn: Assisted Housing Division  
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. Please include a valid email address in order 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.
- Fill in the nine-digit routing transit number which is your bank's or financial institution's ABA number.
- Bank/Financial Institution Account Name: Print the name that is listed on your bank account.
- 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.
- Type of Account: Please check whether the account is a checking or saving