



HOUSING AUTHORITY OF THE CITY OF BRISTOL
164 JEROME AVENUE – BRISTOL, CT 06010

Phone: (860) 582-6313
Fax: (860) 585-6033

TDD: (860) 584-1565
Website: www.bristolhousing.org

Direct Debit for Rent Payments

Free Service!

The Bristol Housing Authority provides a free service to its residents. Each resident will be allowed to make their monthly Rent Payment via direct debit. No more writing checks to the Bristol Housing Authority on a monthly basis.

All you have to do is fill out the enclosed form and send it to the Bristol Housing Authority. Please send a voided check along with the application.

If you have any questions please call the Bristol Housing Authority offices at (860) 582-6313.

Please remember that this service is on a voluntary basis. You do not have to participate in this service. The Bristol Housing Authority has established this procedure for your convenience. Please feel free to ask any questions regarding this new venture. We will be happy to assist you.

PARA UNA TRADUCCION LLAME A LA OFICINA TELEFONO (860) 582-6313.

The Bristol Housing Authority is an Equal Opportunity Affirmative Action Employer





**HOUSING AUTHORITY OF THE CITY OF BRISTOL
164 JEROME AVENUE – BRISTOL, CT 06010**

Phone: (860) 582-6313
Fax: (860) 585-6033

TDD: (860) 584-1565
Website: www.bristolhousing.org

AUTHORIZATION AGREEMENT FOR RESIDENT PAYMENTS (ACH DIRECT DEBITS)

RESIDENT _____

RESIDENT ADDRESS _____

I (we) authorize the Housing Authority of the City of Bristol, hereinafter called AUTHORITY, To initiate debit entries to my (our) [] Checking [] Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called BANK, and to credit the same to such account.

BANK
NAME: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

This authorization is to remain in full force until AUTHORITY has received written notification from me (or either of us) of its termination in such time and in such manner as to Afford AUTHORITY and BANK a reasonable opportunity to act on it.

NAME(S): _____

SIGNATURE(S): _____

DATE: _____ AMOUNT: _____

