## **Direct Debit Enrollment Policy**

The following policy has been set forth in regards to direct debit enrollments. This policy will apply to all current and future enrollees of the direct debit program.

All enrollment forms must be received by the third week of the current month to be effective for the next month. If received after the third week the enrollment will be effective for the next month following. All enrollment forms need to be received with a voided check for checking accounts or a deposit slip for savings accounts.

Any changes in regards to a direct debit enrollee's account also need to be received by the end of the third week of the current month as to give sufficient time to make the changes before it is sent to the bank for withdrawal.

If a tenant wants to withdraw from the direct debit program  $\underline{written}$  notification by the tenant needs to be received at the main office by the last week of the current month. If the cancellation is received after the 1<sup>st</sup> of the next month we will not be able to honor it until the next month following.

If a current enrollee becomes deceased the Housing Authority will automatically cancel their enrollment.

If a direct debit payment is returned for insufficient funds from the bank the tenant will be notified by the Housing Authority and will need to submit a money order for the payment. Any tenant that has a payment returned insufficient will also automatically be removed from the debit program. If they pay the balance in full and wish to be put back on the debit program they will need to re-enroll by submitting a new enrollment form.

No tenant will be permitted to participate on the direct debit program that has a past due balance.

## PLEASE ENROLL ME IN THE DIRECT DEBIT PROGRAM FOR MY RENT PAYMENT EACH MONTH.

| Tenant Name  |          |
|--|----------|
| Address  |          |
| Bank Name/Address  |          |
| Checking Account Number (or) Savings Account Number                          |          |
| Bank Routing Number  |          |
| Direct Debit Start Date  |          |
| Tenant Signature   |          |
| E INCLUDE A VOIDED CHECK FOR CHECKING ENROLLMENT OR A DIVINGS ENROLLMENT.)   | EPOSIT S |
|  |          |
| SE ENROLL ME IN THE DIRECT DEBIT PROGRAM FOR MY ENT EACH MONTH.  Tenant Name | RENT     |
|  | -        |
| Address  |          |
| Bank Name/Address  | •        |
| Checking Account Number (or) Savings Account Number                          |          |
| Bank Routing Number  |          |
| Direct Debit Start Date  |          |
|  |          |

(PLEASE INCLUDE A VOIDED CHECK FOR CHECKING ENROLLMENT OR A DEPOSIT SLIP FOR SAVINGS ENROLLMENT.)