## **DOVER HOUSING AUTHORITY**

62 Whittier Street
Dover, New Hampshire 03820-2994

If you're interested in having your monthly rent payments directly deposited into your bank account, please complete the form below and return it to me as soon as possible. In addition, please attach canceled/voided check for verification. This form and all attachments are not kept on file. They are shredded within 60 days of your first direct deposit.

If you have any questions, please feel free to contact me.

Wendy M. Tenney Finance Director

Signature			<del></del>		Date	<del></del>
	□ Property Ov	vner	□ Ma	ınageme	nt Company	
HAP Payments ma Please select belo the property mana	w if payments s	hould be re				y owner, or to
This account listed	above is owne	d by: □ Pro	perty O	wner	□ Managemei	nt Company
If payments are be the property, pleas				ent comp	eany who is NOT	the owner of
Type of Account:	Checking	□ Savi	ngs	۵		
Route/Transit Num	ber:					
Account Number:						
Bank Name:						
Landlord Name:				_ Telep	hone #:	
my Housing Assist	ance Rent Payr	ments to the	e followi	ng acco	unt:	

Tel: 603-742-5804 Fax: 603-742-6911 TTY: Relay NH 1-800-735-2964