



AUTOMATIC FUND TRANSFER AGREEMENT FOR
ACH TRANSFER

MDI & Ellsworth Housing Authorities
P.O. Box 28
Bar Harbor, Me. 04609
(207) 288-4770

DATE _____
NAME _____
ADDRESS _____

SS# _____

In this agreement the words "I", "me", "my" mean any person who has signed this agreement.

1. AUTHORIZATION: I authorize you to transfer money from my checking/savings.
2. AMOUNT AND ACCOUNTS: Please transfer \$ _____

From: Account Name _____
Account Number _____
(Please attach a deposit slip or a voided check)
Type of account _____ Checking _____ Savings

TO: Account Name _____
Account Number _____
Type of Account _____ Checking _____ Savings

3. BEGINNING DATE: Please Transfer this money each _____
week, month
Beginning _____ This is a _____ new _____ amended agreement.
Please note, all initial transactions require a 10 day pre-notification.

4. TERMINATION: I may terminate this agreement by notifying the Housing Authority in writing. My notice is effective when received by the Housing Authority. The Housing Authority may terminate this agreement by sending me a written notice.
5. MINIMUM BALANCE: I promise to maintain a balance in the account from which I have asked you to take money which is sufficient to cover the amount I have asked you to transfer. If the Social Security Office does not direct deposit my check due to reasons out of my control than I will not be charged the insufficient funds charge.

NOTICE TO TENANT: (1) Do not sign this agreement before you read it. (2) You are entitled to a copy of this agreement.

Witness: _____ Tenant/Account Owner _____
Address _____
