

FOR NHHFA USE ONLY	
PAYEE ID:	
EFT ID:	

ELECTRONIC FUND TRANSFER/PAYMENT ENROLLMENT FORM

This form is used for establishing Automated Clearing House (ACH) payments with New Hampshire Housing.	
PRIVACY ACT STATEMENT	
The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579).	
PAYER/COMPANY INFORMATION	
NAME:	NH Housing
EMAIL ADDRESS:	info@nhhopgrants.org
MAILING ADDRESS: P.O. Box 5087, Manchester, NH 03108	
CONTACT: Associate Program Manager, Grace Warwick	TELEPHONE NUMBER: (603) 310-9347
ADDITIONAL INFORMATION: NEW / EXISTING	

NAME/COMPANY INFORMATION	
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.

BANK/FINANCIAL INSTITUTION INFORMATION	
BANK NAME:	
BANK 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: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS