

BROWARD COUNTY HOUSING AUTHORITY
4780 North State Road 7
Lauderdale Lakes, Florida 33319

DIRECT DEPOSIT CHANGE OF BANK ACCOUNT INFORMATION

I hereinafter called Owner or Agent, hereby authorize the Broward County Housing Authority, hereinafter called BCHA, to initiate credit entries to my NEW ACCOUNT indicated below at the financial institution named below, hereinafter called Depository, to credit the same to such account.

If the SSN / TIN do not match BCHA records, your DIRECT DEPOSIT CHANGE OF ADDRESS will not be processed.

PRINT CLEARLY

Legal Owner _____

Agent _____

SSN / Taxpayer ID No: _____
(Must match SSN/ TIN on Check Payment Form)

Phone No. _____

NEW Depository / Bank: _____ NEW ACCOUNT NUMBER: _____

Transit / ABA (Routing) Number: _____

Checking:

Savings:

The authority remains in full force and effect until BCHA has received written notification from me of its termination in such time and in such manner as to afford BCHA and the depository a reasonable opportunity to act on it. I also agree to notify BCHA of any changes to my bank account information.

Authorized Signature: _____

Date: _____

Email Address: _____

PRINT CLEARLY

Submission Instructions

For checking accounts: ATTACH AN ORIGINAL BLANK CHECK (NOT A DEPOSIT SLIP) MARKED "VOID"

For savings accounts: ATTACH A SAVINGS WITHDRAWAL / DEPOSIT SLIP THAT INCLUDES YOUR NAME & ACCOUNT INFORMATION.

Mail /Fax/ Email: THIS DIRECT DEPOSIT CHANGE OF ACCOUNT FORM WITH YOUR VOIDED CHECK / SAVINGS DEPOSIT TO ABOVE ADDRESS OR FAX NUMBER (954)497-3733.

THIS FORM AND ACCOMPANYING DOCUMENTS MAY ALSO BE SCANNED AND EMAILED TO:
FINANCE@BCHAFL.ORG