

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

DIRECT DEPOSIT AUTHORIZATION FORM

As part of our continuing effort to streamline business processes, BCHA has converted monthly Housing Assistance Payments (HAP) to direct deposit. Your payments will be deposited directly into your bank account on the 3rd business day of each month. This means no more waiting for the check to come in the mail, no lost checks and no unnecessary trips to the bank! *You will continue to receive a mailed statement every month itemizing the amount BCHA paid for each of your Section 8 HAP tenant contracts. Please provide your email address as BCHA will be offering monthly itemized statements sent to your email address in the future. **PRINT CLEARLY***

I hereinafter called Owner or Agent, hereby authorize the Broward County Housing Authority, hereinafter called BCHA, to initiate credit entries to my 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 sign up will not be processed.

AGENT POLICY

If payments are made to an Agent, the IRS 1099 statement will be mailed in the name of the Agent. **PRINT CLEARLY**

Legal Owner _____ Agent _____

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

Depository / Bank _____ Account No. _____

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

MAILING INSTRUCTIONS

For checking account: 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 AUTHORIZATION FORM ALONG WITH YOUR VOIDED CHECK / SAVINGS DEPOSIT SLIP TO THE ABOVE ADDRESS OR FAX NUMBER (954) 497-3733. THIS FORM AND ACCOMPANYING DOCUMENTS MAY ALSO BE SCANNED AND EMAILED TO: FINANCE@BCHAFL.ORG

* IF YOU CLOSE YOUR DIRECT DEPOSIT ACCOUNT NOTIFY BCHA IMMEDIATELY

* IF THERE ARE CHANGES IN DIRECT DEPOSIT ACCOUNT INFORMATION COMPLETE THE CHANGE OF ACCOUNT INFORMATION FORM