

DIRECT DEPOSIT AUTHORIZATION FORM

Housing Assistance Payments are deposited directly to your bank account on the 3rd Business day of each month. Monthly itemized statements will not be mailed to you as you are now able to access and manage your account information online through our secure web-based PARTNER PORTAL software system. You will be required to register and create a user account by logging on to the BCHA website at www.bchaf1.org and click on the BCHA PARTNER PORTAL and follow the required instructions.

DO NOT COMPLETE THIS FORM IF YOU ARE CURRENTLY ON DIRECT DEPOSIT AND/OR NOT UPDATING YOUR BANK ACCOUNT INFORMATION WITH BCHA, CHECK THIS BOX AND STOP HERE.

SECTION 1 – (TO BE COMPLETED BY LANDLORD/PAYEE)

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.

If payments are made to an Agent, the IRS 1099 statement will be issued 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 on file)

The authorization immediately 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 upon it. I also agree to notify BCHA of any changes to my bank account information.

Authorized Signature: _____

Date: _____

Email Address: _____

SECTION 2 – (MUST BE COMPLETED BY FINANCIAL INSTITUTION)

DIRECT DEPOSIT TO BE MADE TO:

FINANCIAL INSTITUTION NAME: _____ Bank Stamp: _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____ TELEPHONE NUMBER: _____

Checking: Savings:

BANK ROUTING NUMBER (the first nine digits prior to the account number bottom left corner of check):

_____|_____|_____|_____|_____|_____|_____|_____|_____|

BANK ACCOUNT NUMBER:

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

BANK OFFICIAL (please print legibly): _____ DATE: _____

INSTRUCTIONS

For checking account: ATTACH AN ORIGINAL/COPY BLANK CHECK (NOT A DEPOSIT SLIP) MARKED - VOID

Mail / Fax/ Email:

THIS AUTHORIZATION FORM ALONG WITH YOUR VOIDED CHECK TO BE SENT TO THE ABOVE ADDRESS OR FAX NUMBER (954) 497-3733, OR EMAIL TO FINANCE_DEPT@BCHAFL.ORG.

IF YOU CLOSE YOUR DIRECT DEPOSIT ACCOUNT NOTIFY BCHA IMMEDIATELY