

BROCKTON HOUSING AUTHORITY
 PO Box 7070
 Brockton, MA 02303-7070
 Telephone: 508-588-6880 Fax: 508-588-8271

DIRECT DEPOSIT AUTHORIZATION FORM
 LANDLORD *or* HOUSING AUTHORITY

Part 1: Transaction Type

- New Authorization
- Change in Authorization
- Cancellation of Authorization

Date entered	Effective Date

Part 2: Payee Identification

Owner Tax ID (Social Security or Employer ID Number)	Contact Telephone Number
Payee Name	Email Address
Payee Mailing Address	City

Part 3: Payee Financial Institution Information

Financial Institution Name	City	State	Zip Code
Routing Transit Number	Customer Account Number	Type of Account	Check One
		Checking	Savings

Part 4: Authorization for Setup, Changes or Cancellation

<p>I hereby request and authorize Brockton Housing Authority to deposit payments by electronic fund transfer into the account specified below and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize that, if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.</p> <p>This authorization will remain in effect until written notice to terminate is given. The undersigned must allow a reasonable amount of time for initiating or termination Direct Deposit and is responsible for notification of any change in financial institution information.</p>		
Authorized Signature	Print Name	Date

Attach bank document here

For **NEW** or **CHANGE** in authorization: Attach a voided check or another valid bank document, which bears the name and address of the landlord, routing number and account number magnetically encoded on the form.
 Sorry, we cannot accept starter checks.

If you have any questions, please contact Cheryl Elliot at 508 427 9106.