

# DIRECT DEPOSIT AUTHORIZATION

PLEASE COMPLETE THIS FORM AND RETURN TO: **Brown County Housing Authority**  
417 S. Monroe Ave, Suite 102  
Green Bay, WI 54301



## Brown County Housing Authority

Phone: (920) -770-0450  
Email: [landlords@bchousingauthority.org](mailto:landlords@bchousingauthority.org)

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### Part 1: Transaction Type

New Setup  Change financial institution  
 Cancellation  Change account number

**\*\*Additionally, provide the REQUIRED information below\*\***

Account Type: Checking \_\_\_\_\_ Savings \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

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**Part 2: Electronic Statement – You can view your monthly statements online at [www.hapcheck.com](http://www.hapcheck.com). We do NOT mail paper statements. You will receive an email with your login information once your Direct Deposit Authorization form is entered.**

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### Part 3: Payee Identification

Owner Tax ID (Social Security Number or EIN) \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

\_\_\_\_\_  
**\*\*E-Mail Address\*\***

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### Part 4: Authorization for Setup, Changes, or Cancellation

The individual authorizing must sign, print their name and date the form  
NOTE: No alterations to the text in this section will be allowed.

I hereby request and authorize BCHA to deposit payments by electronic funds 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.

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 terminating Direct Deposit and is responsible for notification of any change in financial institution information.

\_\_\_\_\_  
Authorized Signature

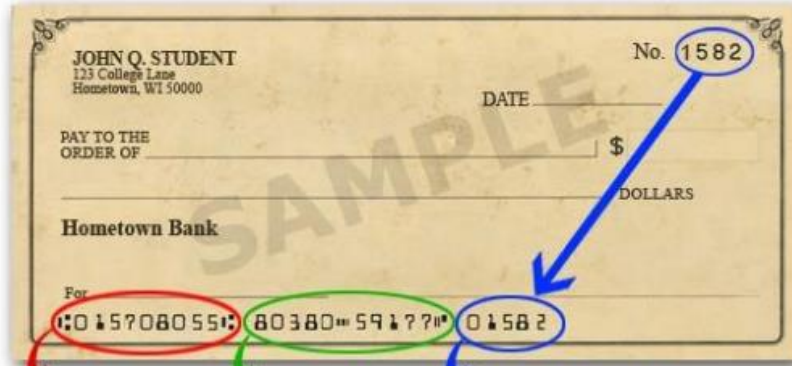
\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Important: You must attach a VOIDED CHECK or DIRECT DEPOSIT AUTHORIZATION FORM FROM YOUR FINANCIAL INSTITUTION, identifying the account number and bank routing number. Any returned ACH transactions will be charged a fee.**

**REQUIRED: If Checking selected attach voided check, if Savings selected attach deposit slip OR letter from bank for either checking or savings.**

*Sample location of routing transit and account number on a check:*



The routing/transit number is denoted by nine digits surrounded by ⑆

The checking account number\*

The check number\*

\*In some cases the order of the checking account number and the check number is reversed