

BOULDER COUNTY HOUSING AUTHORITY
HOUSING ASSISTANCE PAYMENT
DIRECT DEPOSIT AUTHORIZATION FORM

I authorize the Boulder County Housing Authority (BCHA) to automatically deposit my HAP payment into my account.

This includes authorization for Boulder County Housing Authority to reverse any BCHA entries made in error and redeposit the correct amount. This authorization does not permit BCHA to withdrawal any funds for refunds, overpayments, or recoup assistance payments.

This authorization will remain in effect until I give written notice to the Boulder County Housing Authority accounting department to discontinue.

OWNER/ AGENT NAME: _____

NAME ON ACCOUNT (if different from above): _____

FINANCIAL INSTITUTION NAME: _____

ROUTING NUMBER (9 digits on bottom of check): _____

ACCOUNT NUMBER (usually on bottom right of check): _____

ACCOUNT TYPE: CHECKING _____ SAVINGS _____

YOUR PHONE NUMBER: _____

SIGNATURE: _____ DATE: _____

STAPLE VOIDED CHECK (OR COPY) HERE

Please mail this completed form and your voided check (or photocopy):

Boulder County Housing Authority
Attn: Accounts Payable
PO Box 471
Boulder, CO 80306-0471

Please call (303) 441-4533 with any questions.