



**HOUSING AUTHORITY
CITY OF BROWNSVILLE**

2606 Boca Chica Blvd | Brownsville, Texas 78521 | (956) 541-8315 | www.hacb.us

DIRECT DEPOSIT FORM

RETURN TO:

ATTN: SECTION 8 DIRECT DEPOSIT
PO BOX 4420
BROWNSVILLE, TEXAS 78523-4420

PHONE: (956) 541-8315
FAX: (956) 541-1407
EMAIL: section8@hacb.us

Name of Depository Financial Institution (Bank): _____

Name on Account: _____

Account Number: _____

Routing/Transit Number: _____

(9 digit number on the bottom of check)

Account Type: ☐ Checking ☐ Savings

SSN/Tax ID Number: _____

Telephone Number: _____

Email Address: _____

Rental Property Address: _____

Check one: ☐ Apply changes to address listed above only, or
☐ Apply changes to all units in my account

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

I hereby authorize the Housing Authority of the City of Brownsville to make deposits in the account located on my voided check and authorize the Depository Financial Institution (DFI) to accept these deposits. Adjusting entries to correct errors are also authorized. It is agreed that these deposits and adjustments may be made electronically which is consistent with the requirements of Section 205.9(b) of Federal Regulation E under the Rules of the National Automated Clearing House Association (NACHA). This authorization will remain in effect until written notice of termination is given to the Housing Authority of the City of Brownsville.

Signature: _____ Date: _____

**PLEASE NOTE: THE DIRECT DEPOSIT MAY TAKE UP TO 60 DAYS TO BE ACTIVATED
PLEASE ATTACH A VOIDED CHECK FOR VERIFICATION PURPOSES
(DEPOSIT SLIPS ARE NOT VALID)**

Any individual with a disability or under medical need who requires an accommodation should contact the Housing Authority of the City of Brownsville at (956) 541-8315. Si usted no comprende este documento porque está escrito en inglés, por favor llame al (956) 541-8315 para asistencia.