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Direct Deposit Sign-up Form

***Please complete the following information and attach a voided check.
(If no voided check is available, have bank letter verifying account information)***

_____ Name on Checking or Savings Account	
_____ Mailing Address	
_____ City, State & Zip Code	
_____ Phone Number	
I hereby authorize The Brunswick Housing Authority to deposit payments to my account listed above. Attached is a voided check for the checking account, and/or a deposit slip for the savings account designated above. This authorization is to remain in effect unless revoked by the vendor in writing to the Brunswick Housing Authority. Account changes must be reported to the Brunswick Housing Authority thirty (30) days prior to the actual change. The name on the checking or savings account must also be the person the BHA has listed as the payee for property.	
Check the following, as applicable:	
_____ Begin my direct deposit	_____ Change information
_____ Date	_____ Signature

To be completed by BHA staff:

Date entered _____

Processed by _____