



Direct Deposit Authorization Form

Vendor Information					
Business Name:					
Tax ID Number:					
Remit to Address:					
City:		State:		Zip:	
Contact Name:		Phone Number:			
Email Address:					
Bank Information					
Bank Name:					
Bank Routing (ABA) Number (9 digit number) :					
Bank Account Number:					
Please enclose one of the following for verification:			Check One:		
<input type="checkbox"/> Voided Check			<input type="checkbox"/> Checking		
<input type="checkbox"/> Specification form from bank			<input type="checkbox"/> Savings		
<small>Please do not send a deposit slip</small>					
Authorization					
I, _____, as an authorized signer for _____ do hereby authorize the City of Garland, to deposit payments by direct deposit (ACH) directly into the above specified bank account.					
_____ Authorized Signature			_____ Title		
_____ Date					
Mail or Fax to: Garland Housing Agency 210 Carver Suite 201B Garland, Tx 75040 972-205-3388 fax sfitch@ci.garland.tx.us					