



GARLAND

Direct Deposit Authorization Form

If you would prefer to have future payments deposited directly into your bank account, please fill out and return via mail, fax or email..

ACH deposit advices are sent via USPS to the "Remit To Address" indicated below.

Vendor Information					
Business Name					
Tax ID Number					
Remit to Address					
City		State		Zip	
Contact Name		Phone			
Email Address					
Bank Information					
Bank Name					
Bank Routing (ABA) Number (9 digit number)					
Bank Account Number					
One of the following MUST be included for verification:				Check One:	
<input type="checkbox"/> Voided Check				<input type="checkbox"/> Checking	
<input type="checkbox"/> Specification form from Bank * * Do not use a deposit slip * *				<input type="checkbox"/> Savings	
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 to: City of Garland Housing 210 Carver Suite 201B Garland, TX 75040		Fax to: 972-205-3388		E-mail to: kgorman@garlandtx.gov	