



HOUSING AUTHORITY OF THE CITY OF BASTROP

P. O. Box 707, 502 Farm Street, Bastrop, Texas 78602

PH:512-321-3398 TTY:800-735-2989 (800-RELAY TX) FAX: 512-303-0568

The Owner does not discriminate against persons with disabilities

Credit Authorization (To Single Account)

AUTHORIZATION FORM FOR DIRECT DEPOSIT ACH CREDITS

I _____ hereby authorize the Housing Authority of the City of Bastrop, hereinafter called COMPANY, to initiate credit entries for payroll to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name:	Branch:
Address:	Type of Account (check one below):
City/State:	Checking:
ZIP:	Savings:

Account Name:
Routing Number:
Acct Number:

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and First National Bank a reasonable opportunity to act on it.

I (we) also understand that COMPANY has the right to originate a reversing debit entry to my account to correct any erroneous credit entries should an incorrect amount or duplicate credit entry be processed. I (we) further understand that COMPANY will notify me of such reversing debit entries.

Print Individual Name:
Individual ID Number:
Signature:
Date:

PLEASE ATTACH COPY OF VOIDED CHECK IF DEPOSITING TO A CHECKING ACCOUNT!