



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 enclosed 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		
Authorization					
<p>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.</p>					
_____			_____		
Authorized Signature			Title		

Date					
<p>Mail or Fax to: City of Garland Finance Department – Judy Hearne P.O. Box 469002 Garland, TX 75046-9002 Fax: 972-205-2810</p>					