

CITY OF THIBODAUX SECTION 8 DIRECT DEPOSIT AUTHORIZATION

(Check One)

Begin Direct Deposit Effective Date _____
 Change / Add Account Information
 Stop Direct Deposit

(Check One)

Entity
 Individual

Social Security / EIN # _____

Name _____

Street _____

City _____ **State** _____ **Zip Code** _____

Phone # _____

I (We) hereby authorize the City of Thibodaux to initiate credit entries and to initiate, if necessary debit entries and adjustments for any credit entries in error to my (our) Checking or Savings account indicated below and the bank named below to credit and/or debit the same to such account. I agree that the City of Thibodaux will have no responsibility for personal checks written against my account and that my account will be administered in accordance with the rules and regulations of the bank. This authorization will remain in effect until revoked by me (we) in writing and/or canceled by the bank.

BANK ACCOUNT

Bank Name _____

Street _____

City _____ **State** _____ **Zip Code** _____

Type of Account (Check One) **Checking account (attach voided check)**
 Savings account

Bank Routing Number _____

Bank Account Number _____

Signature

Date

Signature

Date

Please return this form to:
City of Thibodaux
Section 8 Housing
P O Box 5418
Thibodaux, LA 70302

Finance Dept Use Only
Initials _____
Date _____

Section 8 Use Only
Initials _____
Date _____