



CITY OF LONGVIEW ACH CREDIT AUTHORIZATION

Return completed form along with a **VOIDED CHECK** to: City of Longview
 Housing and Community Development
 P.O. Box 1952
 Longview, TX 75606
 Phone: (903) 237-1235
 Fax: (903) 237-1254

Date received:
Received by:

PART 1: TRANSACTION TYPE

<input type="checkbox"/> New setup	<input type="checkbox"/> Change financial institution
<input type="checkbox"/> Cancellation	<input type="checkbox"/> Change account number
	<input type="checkbox"/> Change account type

PART 2: PAYEE IDENTIFICATION

1.Owner Tax ID (Social Security Number or Employer ID Number)	2. E-mail address		
3.Landor/Owner's Name	4.Home Phone Number		
5.Landlord/Owner Address	6. City	7.State	8. ZIP Code

PART 3: AUTHORIZATION for SETUP, CHANGES, OR CANCELLATION

I hereby request and authorize the City of Longview to deposit payments by electronic funds transfer into the account specified below and if necessary, debit entries and adjustments for any amount deposited electronically in error. I recognize that, if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.

This authorization will remain in effect until written notice to terminate is given. The undersigned must allow a reasonable amount of time for initiating or terminating Direct Deposit and is responsible for notification of any change in financial institution information.

9. Authorized Signature	10. Printed Name	11. Date
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PART 4: FINANCIAL INSTITUTION

12. Financial Institution Name	13.Bank address	13. City	14. State	15. ZIP Code
16. Bank Account Name	17. Bank Account Number	17. Routing Transit Number	18. Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

CITY USE ONLY: ACCOUNTS PAYABLE DATA

Vendor Number	Vendor Name	Entry Date	Entered By
Supervisor Signature		Date	