



## AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDIT)

I hereby authorize the Central Texas Council of Governments (CTCOG) to initiate credit entries, and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository named below to credit and/or debit the same to such account.

Name on Account: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Depository Institution: \_\_\_\_\_

Bank Routing No: \_\_\_\_\_

Account No: \_\_\_\_\_

Account type:      Checking \_\_\_\_\_ Savings \_\_\_\_\_

SS# / Tax ID: \_\_\_\_\_

This authority is to remain in full force and effect until CTCOG has received written notification from me of its termination in such time and in such manner as to afford CTCOG and the depository a reasonable opportunity to act on it.

Name: \_\_\_\_\_ e-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to:      **Central Texas Council of Governments**  
                                 **ATTN: Accounts Payable**  
                                 **P.O. Box 729**  
                                 **Belton, Texas 76513**  
                                 254-939-1801 telephone  
                                 254-939-0660 fax

**Please attach a voided check for verification purposes.**