

Direct Credit Authorization Form

Action to be taken (check box): Start Direct Credit Stop Direct Credit
 Change Account Number

Name

Address

Telephone Number

Financial Institution Information (Attach a voided deposit ticket for verification)

Type of Account (check one): Checking Savings

Transit Routing Number _____

Account Number _____

Financial Institution Name

City

State

Phone Number

AUTHORIZATION

Unless otherwise indicated above, I hereby authorize and request Adult Probation Office, hereinafter referred to as COMPANY, to direct the transaction amount of _____ to my account indicated at the Financial Institution designated above on a _____ basis, and I further authorize the Financial Institution, if necessary, to initiate electronic debit entries or adjustments for any credit entries processed in error.

This authorization will remain in effect until I initiate the required stop action in such time and in such manner as to allow the COMPANY a reasonable opportunity to act upon it.

I agree to notify the COMPANY if I wish to change the designated Financial Institution or account to which the transaction occurs in such time and in such manner as to allow the COMPANY a reasonable opportunity to act upon it prior to the effective date of such change.

Signature

Print Name

Date