

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

CLIENT INFORMATION

CLIENT NAME: _____

Federal ID # : _____

Client Contact: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

eMail Address: _____

BANK INFORMATION

Account Name: _____
(Account Name as it appears on bank account)

Bank Name: _____

Routing Number: _____
(Nine Digit Number)

Account Number: _____

Check One: Checking Account Savings Account

AUTHORIZATION

I hereby authorize Hamer Enterprises/Government Payments to settle into the designated account above for specified transaction types below. This authorization for direct deposit will remain in effect until written notice of cancellation.

Authorized Printed Name: _____
(Printed, entered or typed Name)

Title: _____

Authorized Signature: _____

Date Signed: _____

Please indicate transaction date for settlements to begin: _____

Transaction Types

Please enter specified transaction(s) to be settled into this designated account:
For example Court Cost, Fees and Fines, Tax Payments, Permit, Utility, Water, Water/Sewer etc.

_____	_____	_____
_____	_____	_____
_____	_____	_____

RETURN

This form may be faxed to Hamer Enterprises at: (956) 682-0372

Please mail signed original form(s) to: Hamer Enterprises eCommerce
4200-A North Bicentennial Drive
McAllen, TX 78504

Please use a separate ACH Form for each designated bank account.