

CITY OF THIBODAUX SECTION 8 DIRECT DEPOSIT AUTHORIZATION

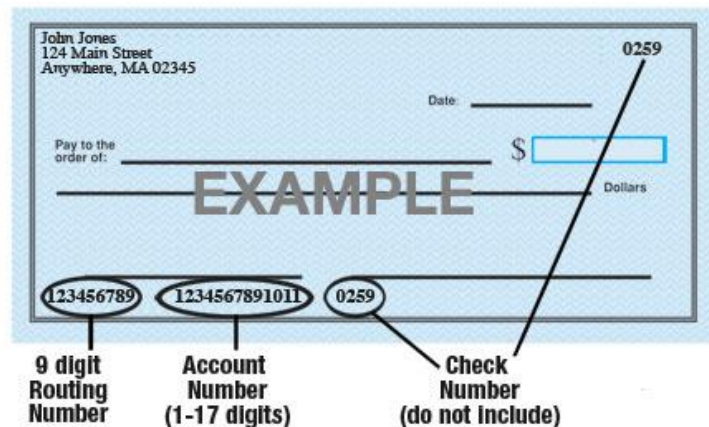
Please print and complete ALL the information below.

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-mail: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Type of Account: ☐ Checking ☐ Savings (Check One)

I (We) hereby authorize COT to initiate credit entries to my (our) checking or savings account at the bank indicated above. I agree that COT 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.

Signature: _____ Date: _____

Signature: _____ Date: _____

Please return this form to:
City of Thibodaux Section 8 Program
112 St. Mary Street
Thibodaux, LA 70301
PO BOX 5418
cdbg@ci.thibodaux.la.us

Attach a voided check for the bank account to which funds should be deposited.

Section 8 Use Only
Initials _____
Date _____