



**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**

**Commissary & Trust Fund Department**

P.O. Box 629, Huntsville, TX 77342

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS  
(ACH CREDITS) TO AN OFFENDER ACCOUNT**

I authorize the Texas Department of Criminal Justice, Inmate Trust Fund, to debit my checking account each month in the **amount of \$\_\_\_\_\_**.00, for credit to the following Offender's account: **(Must be a whole dollar amount)**

**Offender Name:** \_\_\_\_\_

**Offender TDCJ #:** \_\_\_\_\_

The funds will come from the following account:

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

**Bank Name:** \_\_\_\_\_

**Bank Address:** \_\_\_\_\_  
\_\_\_\_\_

**Checking Account #:** \_\_\_\_\_

**\*\*MUST ALSO INCLUDE A VOIDED CHECK\*\***

**Authorized Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Daytime Phone #:** \_\_\_\_\_

\*\*Your checking account will be debited ON OR AROUND THE 5<sup>TH</sup> of each month. The funds will then be credited to the offender's account ON OR AROUND THE 10<sup>TH</sup> of the month.

**\*\*You must be on the offenders **APPROVED** visitation or telephone list to make a deposit. If you are not on either list, you will be notified and your request for automatic deposits denied.**

**\*\*This authority is to remain in full force until TDCJ has received notice in writing from the account holder to cancel this monthly transaction from occurring.**

<b>ITF USE ONLY:</b>	
<b>Entered:</b> _____	<b>Verified:</b> _____
<b>TF:</b>	<b>BK:</b>