



TEXAS DEPARTMENT OF CRIMINAL JUSTICE

Commissary & Trust Fund Department

P.O. Box 629, Huntsville, TX 77342

AUTOMATIC DEPOSIT (ACH) CHANGE FORM

I request the Texas Department of Criminal Justice, Inmate Trust Fund, make the following changes regarding the debit from my checking account:

_____ *STOP DEBIT*

_____ *CHANGE AMOUNT (Existing account)* from \$ _____ to \$ _____

_____ *CHANGE CHECKING ACCOUNT*

_____ *CHANGE NAME* _____

****Must attach *Voided Check* from new account****

Please complete the following with your current information we have on file:

Date of debit: _____ Name on account: _____

Checking Account #: _____ Amount of debit: \$ _____

Offender name: _____ Offender TDCJ #: _____

Authorized Signature: _____ Date: _____

****This form must be received by Inmate Trust Fund 3-5 business days prior to the debit date to allow time for processing the changes.**

ITF USE ONLY:

Entered: _____ **Verified:** _____

Date of Debit: _____ **Type:** _____

TF: _____ **BK:** _____