

# Authorization for Direct Deposit via ACH Credit

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



Mail to: Department of Florida  
PO Box 547859  
Orlando, FL 32854

Fax: (407) 299-0901

Email: [membership@floridalegion.org](mailto:membership@floridalegion.org)

Direct Deposit via ACH is the deposit of funds directly into a Post bank account. For example; credit owed, duplicate payments, membership incentives, raffle proceeds, etc.

**Check All That Apply:**    Membership    Raffle Proceeds

I (we) hereby authorize The American Legion, Department of Florida to electronically credit my (our) Account as follows:

**Select One:**    Checking Account    Savings Account

at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable laws.

Depository Name \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Name(s) on the Account \_\_\_\_\_

### Frequency of credit(s) will be MONTHLY.

I (we) understand that this authorization will remain in full force and effect until I (we) notify The American Legion, Department of Florida that I (we) wish to revoke this authorization. I (we) understand that The American Legion, Department of Florida requires at least:

Name(s) \_\_\_\_\_

Date \_\_\_\_\_

Signature(s) \_\_\_\_\_

**\*\*\*ENCLOSE A VOIDED CHECK\*\*\***

NAME ADDRESS CITY, STATE ZIP	0123 01-23456789
	DATE _____
PAY TO THE ORDER OF _____	\$ [ ]
	_____ DOLLARS
BANK NAME ADDRESS CITY, STATE ZIP	
FOR _____	
⑆012345678⑆	0123456789012⑆
0123	
Routing Number	Account Number