

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

Direct Deposit via ACH is the deposit of funds to a Post account, for example, credit owed, duplicate payments, membership incentives, etc.

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 law

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 TAL DoF that I (we) wish to revoke this authorization. I (we) understand that TAL DoF 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