

# 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<br>ADDRESS<br>CITY, STATE ZIP      | 0123<br>01-23456789 |
| DATE _____                              |                     |
| PAY TO THE<br>ORDER OF _____            | \$ _____            |
| DOLLARS                                 |                     |
| BANK NAME<br>ADDRESS<br>CITY, STATE ZIP |                     |
| FOR _____                               |                     |
| 012345678                               | 0123456789012       |
| 0123                                    |                     |
| Routing Number                          | Account Number      |