



**AUTHORIZATION FOR DIRECT DONATION PAYMENT VIA ACH
(ACH DEBITS)**

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I (we) _____ authorize Catholic Charities of North Louisiana to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows, 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:

Amount of debit(s) or method of determining amount of debit(s) [or specify range of acceptable dollar amount authorized]:

Date(s) and/or frequency of debit(s): _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify Catholic Charities of North Louisiana by Phone: 318-865-0200 ext. 109, Email: development@ccnla.org , or Mail: 902 Olive Street Shreveport, LA 71104 that I (we) wish to revoke this authorization. I (we) understand that Catholic Charities of North Louisiana requires at least 5 business days prior notice to cancel this authorization.

Name(s) _____ Name(s) _____

Signature(s) _____ Signature(s) _____

Date _____

Date _____

¹ Written debit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the time and manner stated in the authorization. The reference to notification should be filled with a statement of the time and manner that notification must be given in order to provide company a reasonable opportunity to act on it (e.g., "In writing by mail to 100 Main St, Anytown, NY that is received at least three (3) days prior to the proposed effective date of the termination of authorization").