

AUTHORIZATION FOR DIRECT PAYMENT VIA ACH



I authorize Lavender Legal Center to electronically debit my account (and, if necessary, electronically credit my account to correct erroneous debits) at the depository financial institution named below. I agree that the ACH transactions I authorize comply with all applicable law.

Financial Institution Name _____

Routing Number* _____

Account Number* _____

*** Please attach a copy of a voided check for verification of the above information.**

Select One:

Checking Account

Savings Account

Amount of Debit(s): \$ _____

Frequency: weekly biweekly monthly

If Monthly: 1st of month 15th of month last day of month

Start Date: _____

I understand that this authorization will remain in full force and effect until I notify Lavender Legal Center in writing by mail to PO Box 31, Cedar Rapids, IA 52406 that I wish to revoke this authorization. I understand that Lavender Legal Center requires at least 7 days prior notice in order to cancel this authorization.

Name: _____

Date: _____

Signature of: _____