



**BOYS & GIRLS CLUBS  
OF NORTH LOUISIANA**

# ACH AUTHORIZATION FORM

## RECURRING PAYMENT AUTHORIZATION FORM

Schedule your payment to be automatically deducted from your bank account.  
Complete and sign this form to get started.

### PLEASE COMPLETE THE INFORMATION BELOW:

I \_\_\_\_\_ authorize the **Boys & Girls Clubs of North Louisiana** to initiate debit entries to my checking account at the Financial Institution indicated below in the amount of \$\_\_\_\_\_ each month on the **29th** of each month. I understand that it is my responsibility to notify the **Boys & Girls Clubs of North Louisiana** regarding any changes to the financial institution and/or account numbers to which payment will be debited at least five business days prior to the payment due.

### DESIGNATE YOUR GIVING

North Central (Arcadia, Grambling, Jonesboro, Ruston)       Northeast (Monroe & West Monroe)

### CHECKING/SAVINGS ACCOUNT

Checking       Savings

Name on Account: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

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

Bank City/State: \_\_\_\_\_



**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I (we) agree that ACH transactions I (we) authorize comply with all applicable law.  
I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the **Boys & Girls Clubs of North Louisiana** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or a holiday, I understand that the payments may be executed on the next business day.

Once completed, please scan form and email to Janet Wilson at [jwilson@BGCoNL.org](mailto:jwilson@BGCoNL.org) or call (318) 680-6245 for form pickup.