



# Direct Payment Plan Authorization Form

**Please use this authorization form if debit amount is constant and a notice is sent only when the amount changes.**

All you need to do is:

1. Mark the box before type of account to indicate whether your payment will be deducted from your checking or savings account.
2. Fill in your name, financial institution name and location, and date.
3. Indicate whether your direct payment donation is for the Iowa Legal Aid Foundation or for Iowa Legal Aid.
4. Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number and routing number.

**NOTE: Be sure to sign the form!**

## AUTHORIZATION FOR DIRECT PAYMENT

I authorize Iowa Legal Aid to initiate monthly electronic debit entries to my:  checking account OR  savings account for payment of my charitable donation to:  Iowa Legal Aid Foundation OR  Iowa Legal Aid. I understand that the amount debited will not change without my written authorization. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing to Fiscal Department, Iowa Legal Aid, 1111 9<sup>th</sup> Street Suite 230, Des Moines, Iowa 50314.

Start date \_\_\_\_\_

Amount of monthly electronic debit \$ \_\_\_\_\_

Financial Institution Name (Please Print) \_\_\_\_\_

Account Number at Financial Institution \_\_\_\_\_

Financial Institution Routing/Transit Number \_\_\_\_\_

Financial Institution City and State \_\_\_\_\_

Signature \_\_\_\_\_

**PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS**

Staple Voided Check Here