ACH Authorization Form

YES, I authorize Girl Scouts Louisiana East to withdraw money out of my account each month.

Monthly Withdrawal Amount: _____

Account Information

Bank Name: _____

Bank Routing # _____Bank Account # _____

Name on Account: _____

Address: _____

City: _____ State: _____ Zip:_____

ACH Authorization

I, _____, authorize Girl Scouts Louisiana East, Inc (hereafter "GSLE") to initiate debit entries to my account at the financial institution (hereafter "Bank") indicated on this form. Furthermore, I authorize the Bank to accept and to credit entries indicated by GSLE.

This ACH Authorization must be completed and submitted to GSLE, with a copy of a **voided check prior to the first withdrawal**.

This authorization is to remain in effect until this account is closed, or until GSLE has received written notification from an authorized signer of its termination.

Authorized Signature _____