



DIRECT DEPOSIT AUTHORIZATION

Direct Deposit

Authorization Agreement for Automatic Deposits (ACH Credits)

I (We) hereby authorize LISC, to initiate credit entries to my (our) account indicated below and the depository/financial institution named below, hereinafter called BANK, to credit the same to such account.

Bank Name: _____

Branch: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

CHECKING ACCOUNT INFORMATION

Routing/ABA Number: _____ Account #: _____

Account Name: _____

Please attach a voided check with MICR coding

E-mail address: _____

This authority is to remain in full force and effect until LISC has received written notification from me (us) of its termination in such time and in such manner as to afford LISC and DEPOSITORY a reasonable opportunity to act on it.

Signature:

Print Name:

Title:

Date:

Local Initiatives Support Corporation
Accounts Payable Department,
501 7th Avenue,
New York, NY 10018.
Phone 212-455-9394