



**DIRECT DEPOSIT AUTHORIZATION FORM**

**Authorization Agreement for Automatic Deposits (ACH Credits)**

I (We) hereby authorize LISC to initiate credit entries to the 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#: \_\_\_\_\_

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

E-mail address for payment notification: \_\_\_\_\_

**Please attach a voided check with MICR coding**

This authority is to remain in full force and effect until LISC has received written notification 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: \_\_\_\_\_

**ALL COMPLETED FORMS AND COPIES OF VOIDED CHECKS SHOULD BE SENT TO W9/ACH@LISC.ORG**

**Local Initiatives Support Corporation  
Accounts Payable Department  
28 Liberty Street – 34<sup>th</sup> Floor  
New York, NY 10005**