



EAST TEXAS

CASA

PO Box 3839

Longview, Texas 75606

### ACH Recurring Payment Authorization Form

**Please complete the form.**

I \_\_\_\_\_ authorize East Texas CASA to charge my bank account  
(full name)

indicated below on the 5<sup>th</sup> or 20<sup>th</sup> of each month in the amount of \$ \_\_\_\_\_ for my monthly donation.  
(circle one)

I understand that my first donation will be withdrawn the following date and month as indicated on this form.

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

**\*\*If you would like to skip filling out the bank information, please send a voided check with signed form.**

Account Type:  Checking  Savings

Name on Acct \_\_\_\_\_

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

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

Bank Routing # \_\_\_\_\_

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



SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify East Texas CASA in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next donation date. I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that East Texas CASA may at its discretion attempt to process the donation again within 15 days. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute these scheduled donations with my bank so long as the transaction corresponds to the terms indicated in this form.