Electronic Check Authorization Form

(U.S. Banks only)

PLEASE DOWNLOAD AND COMPLETE THIS AUTHORIZATION FORM
All information will remain confidential.

Name on Account:

Case Number:

This is a business account ☐

Billing Address:

City: State: Zip Code:

Country: select country

Phone Number: Email:

Checking ☐ Savings ☐ Routing Number: Account Number:

☐ Yes, I authorize this transaction. Please print this page if you would like a copy of this authorization for your records. By checking "Yes" and opting to pay by electronic debit against the bank account specified above, I agree and stipulate to all statements:

1. I am the legal owner, have power of attorney, or have legal authority in relation to the bank account specified above to be used for payment.
2. Such bank account is open, validly issued, in good standing and able to accept electronic debits.
3. Louisiana Interactive or its agent is authorized to electronically debit the bank account shown above, and if necessary, to credit such account to correct any erroneous debits using an Automated Clearing House ("ACH") debit entry.
4. This ACH debit authorization will remain in full force and effect for this single debit entry only.
5. Louisiana Interactive or its agent may re-debit my account for the payment in the event such is dishonored by my financial institution, and is additionally authorized to charge the maximum return item processing fee according to the laws governing Louisiana Interactive's state.
6. For inquiries relating to this electronic debit authorization, including revocation of this authorization, I may contact Louisiana Interactive at 225-325-5450.
7. I understand the Originating ID for this transaction is "1522077581". Please make sure your banking institution has released any debit blocks (if applicable) for this ID to ensure successful payment.

I (we) agree that ACH transactions I (we) authorized comply with all applicable NACHA Rules and all applicable US law and the laws governing Louisiana Interactive's state.

Amount to Charge (USD):
Fee: $
Service Fee: $
Total: $

Electronic signature:
(type your name)

Date:

Once signed, click the Submit button below to email to LAPELS Enforcement staff, or return by mail with any requested documentation to the following address:

LAPELS
ATTN: ENFORCEMENT
8550 UNITED PLAZA BOULEVARD, SUITE 903
BATON ROUGE, LA 70809

Submit