

# IAVAT Advocacy

## Direct Payment Form

### Authorization Agreement

I hereby authorize IAVAT to initiate automatic withdrawals from my account at the financial institution named below. I also authorize IAVAT to make deposits to this account in the event that a debit entry is made in error.

Further, I agree not to hold IAVAT responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution depositing funds to my account.

This agreement will remain in effect until IAVAT receives a written notice of cancellation from me or my financial institution, or until I submit a new direct payment form to the Illinois Foundation FFA.

### Contact Information

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Account Information

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

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

- Savings  
 Checking

Amount: \_\_\_\_\_

Frequency: \_\_\_\_\_

Start Date: \_\_\_\_\_

### Signature

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

If available, please attach a voided check or deposit slip and return this to the Illinois FFA Center. Contact Tammy Mullins with any questions. [tmullins@illinoisffa.org](mailto:tmullins@illinoisffa.org)



