

LEEP Membership ACH Authorization Form



Individual's Information

LEEP Member Name: _____

Member Daytime Phone: (____) _____

Member Email: _____

Bank Account Information

Account Holder Name/s: _____
(may be LEEP participant and/or Rep Payee/conservator/parent/etc.) _____

Bank Name: _____

Routing Number: _____

Account Number: _____

Account Type (check one): ☐ Checking ☐ Savings

Payment/withdrawal date will be the 10th of the month.

Payment Frequency: ☐ Monthly (\$20) ☐ Quarterly (\$60) ☐ Annually (\$240)

OFFICE USE ONLY	Quarterly – <input type="checkbox"/> Jan/April/July/Oct <input type="checkbox"/> Feb/May/Aug/Nov <input type="checkbox"/> Mar/Jun/Sep/Dec
	Annually – <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec

Authorization

I authorize Leisure Education for Exceptional People, Inc./LEEP to initiate debit entries to my account indicated above for the purpose of paying my LEEP membership fees. **This authorization will remain in effect until I provide written notice of cancellation at least 30 days prior to the next scheduled payment/withdrawal.**

Signatures (required)

Account Owner Signature: _____ Date: _____

Account Owner Signature: _____ Date: _____

LEEP Member Signature: _____ Date: _____

(if own guardian)

Parent/Guardian/Conservator Signature: _____ Date: _____

(if not own guardian)

Conservator Company (if applicable): _____

**TO END ACH FOR YOUR LEEP MEMBERSHIP YOU MUST NOTIFY LEEP IN WRITING
30 DAYS BEFORE YOUR NEXT SCHEDULED PAYMENT/WITHDRAWAL.
THERE IS A MAXIMUM OF 1 ACH CHANGE TO ANY PARTICIPANT'S ACCOUNT PER CALENDAR YEAR.
EACH ADDITIONAL ACH CHANGE WILL INCUR A \$50 FEE PER CHANGE.**