

## Louisiana's 529A ABLÉ Program

### AUTHORIZATION FOR AUTOMATIC DEBITS FROM A PERSONAL BANK ACCOUNT

Louisiana's ABLÉ Program  
PO Box 91008  
Baton Rouge, LA 70821-9008

E-mail: [laable@la.gov](mailto:laable@la.gov)  
Internet: [www.able.osfa.la.gov](http://www.able.osfa.la.gov)  
Telephone: 1-800-259-5626  
Fax: (225) 612-6497

**INSTRUCTIONS:** Complete this authorization form if you are an ABLÉ account owner or ABLÉ account administrator and you elect to make deposits that are automatically debited from a personal checking or savings account. Contact your financial institution to verify the ABA Routing Number prior to submitting this form. Attach a voided check to the bottom of this form and mail to the Louisiana ABLÉ Account Program, Post Office Box 91008, Baton Rouge, LA 70821-9008. You should expect up to a 60-day delay before automatic debits begin from your account. Accounts are debited at 12:01 a.m. on the date that you select. Please ensure sufficient funds are in the account to cover your debits.

#### **IDENTIFY THE ABLÉ ACCOUNT TO RECEIVE THE DEPOSIT**

Account Owner's Name: \_\_\_\_\_

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

Account Administrator's Name: \_\_\_\_\_

#### **IDENTIFY THE ACCOUNT FROM WHICH AUTOMATIC DEBITS WILL BE DRAWN**

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

Name of Bank Account Owner: \_\_\_\_\_

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

Financial Institution's ABA Routing Number: \_\_\_\_\_

Financial Institution's Account No.: \_\_\_\_\_

Type of Account:     Checking                       Savings

Type of Debit:         Monthly Debit(s)         One-time Debit

Amount to be Debited: \$ \_\_\_\_\_

New                               Change                               Stop

Select the day(s) of the month that you want the debit(s) to occur.

1<sup>st</sup>                               10<sup>th</sup>                               20<sup>th</sup>                               25<sup>th</sup>

**BANK ACCOUNT OWNER'S AUTHORIZATION**

I hereby authorize the Louisiana ABLÉ Account Program to initiate debit entries from the above account and to deposit such debits into the Louisiana ABLÉ Account listed above, and, if necessary, credit entries and adjustments for any debits entered in error to my checking or savings account at the financial institution named above; to debit and/or credit the same to such account; and, to debit the amount on the specified date until this authorization is amended or terminated.

Bank Account Owner's Signature: \_\_\_\_\_

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

Mail or fax this form to the Louisiana ABLÉ Account Program at the address shown above.

This form supercedes all previous forms submitted.