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AUTHORIZATION FOR TRANSIT DEBIT CARD

This letter of authorization grants LACT, LLC the ability to file the card holder's TRANSIT debit card information for payment purposes. If the card holder agrees and signs this letter, they are allowing LACT to store the card holder's TRANSIT debit card information. LACT will not share any information related to the TRANSIT debit card and will file all documents in a locked storage room. It is under the discretion of the card holder whether or not they would like LACT to process the payment without a monthly phone call. If the card holder prefers to call in to make a payment and have our staff process the card monthly, you may request a paid receipt with the authorization code included on the invoice. If you to choose to call us directly please remember that the payment must be received no later than the 9th of EVERY MONTH TO AVOID REMOVAL OF UNUSED FUNDS. Should you call after the funds have been removed from the TRANSIT debit card, you will be held personally responsible for the monthly payment. Please notify LACT immediately if you would like to make any changes to your account in terms of processing payments or if you opt out of the program.

TRANSIT DEBIT CARD PERSONAL INFORMATION

NAME OF RIDER/DRIVER (PRINT): _____

VAN #: _____ PROCESS DAY _____

TRANSIT DEBIT CARD #: _____

EXPIRATION DATE: _____

ZIP CODE: _____ PIN# _____

SIGNATURE OF CARD HOLDER: _____

DATE: _____

____ Please check if you choose to call us directly every month.

____ Please check if you would like LACT to receive and process your TRANSIT debit card every month.

____ Please check if you would like to receive a monthly paid invoice from LACT.
(Please circle one if you like a receipt sent via e-mail or home address)

____ E-MAIL _____

____ HOME ADDRESS _____

SIGNATURE OF LACT STAFF MEMBER:

DATE RECEIVED:

*** If the card holder has any questions or concerns about the authorization letter or payment options please do not hesitate to contact us.