

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)**

Company Name Northeast Iowa School of Music

I (we) hereby authorize Northeast Iowa School of Music, hereinafter called COMPANY, to initiate debit and, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below, at the depository financial institution named below to debit and/or credit the same to such account. I (we) acknowledge that the authority will remain in effect until I have (or either of us) cancelled it in writing and that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Select one:  Checking Account or  Savings Account

Amount \$ \_\_\_\_\_ Withdrawn the 1<sup>st</sup> Friday of each month

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time, and in such manner as to afford COMPANY and Financial Institution a reasonable opportunity to act on it. Please attach a voided check or deposit slip for account validation.

Name (s) \_\_\_\_\_  
(Please Print)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_