

Eastern Iowa Arts Academy Authorization Agreement for Direct Debit (Payment)

I (we) hereby authorize Eastern Iowa Arts Academy to initiate debit entries to my (our) account indicated below at the financial institution named below, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until Eastern Iowa Arts Academy has received written notification from me (or either of us) of its termination in such time and in such a manner as to afford Eastern Iowa Arts Academy and my (our) financial institution a reasonable opportunity to act on it.

Bank Details			
☐ Checking ☐ Savings			
$\hfill\square$ Business Account (check this box only if the ch	ecking/saving	gs accour	nt is a business
account)			
\square I have a Debit Filter or Debit Block on this acco	ount. Please c	ontact me	e with the Company ID
that I can provide to my bank to allow this debit to	process as a	uthorized	l.
Name on Account			
Financial Institution Name			
Financial Institution City, State, and Zip Code			
Account Number			
9-digit Routing Number			
Frequency of Transfer: (me	onthly, annual	ly)	
Amount of Transfer: \$			
Please attach a voided check (not a voided de	posit ticket)		
If the monthly payment amount varies, Eastern Iowa A	•		
notification of the payment amount 10 calendar days pronly).	nor to the sche	uuleu pay	ment date (PPD debits
Giny).			
If Eastern Iowa Arts Academy changes the date on a re	ecurring payme	ent, it must	t send the customer
written notification at least 7 calendar days prior to the	scheduled pay	ment date	(PPD debits only).
I am an authorized signer, or otherwise have authority			
attest that the above account information is correct and	•		
Eastern Iowa Arts Academy, and that the signature bel	ow is my own p	roper sigr	iature.
SIGNATURE	DATE	1	
	(MM/DD/YYYY)		