

Dance Arts Iowa

Authorization for Direct Debit

I (We) hereby authorize Dance Arts Iowa (hereinafter called Company) to initiate Debit entries to my (our) account(s) indicated below on or about the 10th of each month beginning October 2019 – April 2020, and the depository financial institution named below (hereinafter called Depository) to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U.S. law.

Depository Name: _____

City _____ State _____ Zip _____

Routing Number _____ Accounting No. _____

_____ Checking Account _____ Savings Account

This authority 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 Depository a reasonable opportunity to act on it.

Name(s): _____

Signature: _____ Date: _____

Address: _____ Phone: _____

Please attach a Voided Check here: