



950 Dover St. • Iowa City, Iowa 52245 • Phone 319-338-6061 • Fax 319-339-4465 • www.willowwind.org

## Authorization Agreement for Direct Payments (ACH Debits)

Willowwind School      Tax ID #: 23-7411810

I (we) hereby authorize Willowwind School to initiate debit entries to my (our) **Checking Account / Savings Account** (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, 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.

Transfer From:

**Bank Name:** \_\_\_\_\_

**City, State, and Zip:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Name(s) on Account:** \_\_\_\_\_

Mark Appropriate Account Information:     **Checking**     **Savings**

This authorization is to remain in full force and effect until Willowwind School has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Willowwind School and DEPOSITORY a reasonable opportunity to act on it. Transfers will occur on the 1st of each month per your financial contract for the academic year.

**Student Name(s):** \_\_\_\_\_ (please print)

**Parent/Guardian Name(s):** \_\_\_\_\_ (please print)

I wish to have funds transferred from the account identified above to Willowwind School for all school related tuition and fees.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_