**Authorization Agreement for Direct Payments**

**(ACH Debits)**

I (we) hereby authorize  **USD 411 - Goessel** , hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter call FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

**NOTE: The dollar amount indicated will be drawn from the account indicated on the 1st day of each month.**

**\*\*Direct Payments will begin September 1, 2014 and run through May 1, 2015\*\***

Check One: [ ] New Authorization [ ] Change Authorization ([ ] Bank or [ ] Amount) [ ] Cancel Authorization

 [ ] RENEW Authorization

Name of Student:

Recurring Set Amount: $ per month

Financial Institution

Financial Institution Address City State ZIP

 Type of Account: [ ] Checking [ ] Savings

ABA/Routing Number Account Number

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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. COMPANY reserves the right to terminate this agreement if deemed necessary.

Print Individual Name of Person Authorizing Debit

(MUST BE ON ACCOUNT FUNDS ARE BEING DEBITED FROM)

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Signature of Person Authorizing Debit

Date

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM**

**FOR VERIFICATION PURPOSES**