



IOWA MENNONITE SCHOOL

AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT)

I (We) hereby authorize **Iowa Mennonite School** (hereinafter called Company) to initiate Debit entries to my (our) account(s) indicated below on or about date indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of EFT transactions to my (our) account must comply with provisions of U.S. law.

Depository Name (Name of Bank): _____

Branch _____ City _____ State ____ Zip _____

Routing/Transit # _____ (9 digits)

Account Number: _____

Amount \$ _____

(Check one) Checking ____ Savings ____

(Check one) Date to withdraw funds 1st ____ 20th ____ 30th ____

Date to start withdraw _____

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 VOIDED CHECK

