

Regina Catholic Education Center
2140 Rochester Avenue
Iowa City, IA 52245
(319) 337-2580

Authorization Agreement for Automatic Withdrawals

I hereby authorize the REGINA CATHOLIC EDUCATION CENTER (hereinafter called COMPANY), to initiate debit entries and to initiate, if necessary, credit entries as adjustments for any debit entries in error, to my Checking or Savings account indicated below and the financial institution named below, (hereinafter called FINANCIAL INSTITUTION), to debit and/or credit the same to such account for the purpose of tuition payments.

Said entries are to be in the amount of \$ _____ and are to be posted monthly on the 10th day (the following business day should this be a nonbanking business day) of the month beginning _____, 20 _____.

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name: _____ Social Security Number: _____

Name of Financial Institution: _____

City: _____ State: _____ Zip: _____

Transit/ABA Number: _____

Account Number: _____

Account Type: Checking
 Savings

Signature : _____ Date: _____

Please attach a **VOIDED** check from the account indicated above.

OFFICE USE ONLY

CANCELLATION: Authorization of the above is hereby revoked and acknowledged as of:

Date _____

Signature _____

COMPANY representative _____