



Carol Baumbach Spangler  
Treebrook Elementary Microschool  
3217 Shamrock Drive \* Iowa City, Iowa 52245 \* 319-354-5465 \* [www.treebrook.com](http://www.treebrook.com)

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize Treebrook Elementary Microschool 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 Treebrook has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Treebrook and DEPOSITORY a reasonable opportunity to act on it. Transfers will occur on the 1<sup>st</sup> 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 Treebrook Elementary Microschool for all school related tuition and fees.

Signature \_\_\_\_\_ Date \_\_\_\_\_

