



**Marion**  
Independent School  
**Foundation**  
& Alumni Association

777 South 15<sup>th</sup> Street  
Marion, Iowa 52302  
319-377-4691 x1110

### Authorization for Direct Debit

I (We) hereby authorize Marion Independent School Foundation and Alumni Assoc. ("COMPANY") to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Select one account

Checking Account

Savings Account

At the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Amount of debit(s) \$ \_\_\_\_\_

Start Date \_\_\_\_\_

Frequency  Weekly  Bi-Weekly  Semi-Monthly  Monthly

Other \_\_\_\_\_

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least 5 business days prior notice in order to cancel this authorization.

Name(s) \_\_\_\_\_

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

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

Address \_\_\_\_\_ Phone \_\_\_\_\_

*Please return form along with a voided check to the Foundation office.*

Thank you for your support of Marion schools and students!