

STO OF SOUTHEAST IOWA
DIRECT DEBIT AUTHORIZATION

I/We hereby authorize the School Tuition Organization of Southeast Iowa (hereinafter referred to as the STO) to initiate electronic debit entries to the depository financial institution (hereinafter referred to as the Depository) named below and to my/our account indicated below, and to debit the same to such account. I/We acknowledge that the origination of electronic debit transactions to my/our account must comply with applicable provisions of US law.

| Donor Information | |
|-------------------|-------|
| Name | _____ |
| Street | _____ |
| City | _____ |
| State | _____ |
| Zip Code | _____ |

| Depository Information | |
|------------------------|-------|
| Bank | _____ |
| Branch | _____ |
| City | _____ |
| State | _____ |
| Zip Code | _____ |

| Contact Information | |
|---------------------|-------|
| Cell Phone | _____ |
| Home Phone | _____ |
| Email Address | _____ |

| Account Information | |
|---------------------|--|
| Routing No. | _____ |
| Account No. | _____ |
| Account Type | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |

| Frequency & Amount | |
|--------------------|----------|
| Once | \$ _____ |
| Monthly | \$ _____ |
| Quarterly | \$ _____ |

| Dates & Limit | |
|---------------|----------|
| Start Date | _____ |
| End Date | _____ |
| Total Amount | \$ _____ |

This authorization is to remain in full force and effect until the STO receives written notification from me/us of its termination in such time and manner as to give the STO and the Depository a reasonable opportunity to act on it.

Signature _____ Date _____

Send this form, along with a completed Donor Contribution Form (found at www.stoseiowa.org) and a voided check (if using a checking account) to the address shown above.