

**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](http://www.stoseiowa.org)) and a voided check (if using a checking account) to the address shown above.