



SCHOOL TUITION ORGANIZATION OF SOUTHEAST IOWA

Phone: (563) 244-1040 Fax: (563) 244-9977 E-Mail: steve@roling.net

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Davenport Deanery
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Nancy Peart,
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Clinton Deanery
Gary Schmit,
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Keokuk Deanery
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Keokuk Deanery
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Ottumwa Deanery

Ex Officio

Non-voting Members

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Chief Financial
Officer & Vice-
Chancellor
Mary Wieser,
Director of Faith
Formation &
Education/
Superintendent
of Schools

Authorization for Direct Debit

I (We) hereby authorize SCHOOL TUITION ORGANIZATION OF SOUTHEAST IOWA (hereinafter called Company) to initiate electronic debit entries to my (our) account(s) indicated below and the Depository financial institution named below, herein after called Depository, 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 provisions of U.S. law.

Depository Name: _____
(Name of Bank)

Branch: _____ City: _____ State: _____ Zip: _____
(Optional)

Routing/Transit # _____ (9 Digits)

Account Number: _____ Checking Savings
(Check One)

Monthly Deduction Quarterly Deduction Other Deduction _____
(Check One)

Monthly/Quarterly/Other Deduction Amount: \$ _____.

Total Deduction Amount: \$ _____.

Please begin deductions in _____ (month), _____ (year).

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

Name(s): _____

Signature: _____ Date: _____

Address: _____ Phone: _____

Email Address: _____

ATTACH VOIDED CHECK HERE

Print this form and send along with a completed gift form found on www.stoseiowa.org and a voided check (if using a checking account). If you are doing monthly or quarterly deductions, a year-end statement will be sent to you. Send both forms to:

School Tuition Organization of Southeast Iowa
ATTN: Steve Roling, Executive Director
246 5th Avenue South, Suite 103
Clinton, IA 52732-4349