

ANDERSON'S ATA TAEKWONDO

990 238TH St.

NORTH LIBERTY, IA 52317

Students Name: _____

Authorization for Direct Debit

I (We) herby authorize Anderson's ATA Taekwondo (hereinafter called company) to initiate debit entries to my (our) account (s) indicated below on or about the 1st of each month, and the depository financial institution named below (hereinafter called Depository) to debit the same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U.S. law.

Depository Name: _____ **Branch:** _____

City: _____ **State:** _____ **Zip:** _____

Routing Number: _____ **Account Number:** _____

____ Checking Account ____ Savings Account

This authority is to remain in full force and effect until the 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 (30 days minimum)

Name (s): _____

Signature: _____ **Date:** _____

Address: _____ **Phone:** _____

Please attach a **VOIDED CHECK** here