



WEE BLESSINGS PRESCHOOL AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT

I (we) hereby authorize Iowa State Bank to initiate debit entries to my (our) account.

FINANCIAL INSTITUTION _____

FINANCIAL INSTITUTION ABA# _____

NAME(S) ON ACCOUNT _____

CITY _____ STATE _____ ZIP _____

☐ CHECKING ACCOUNT NUMBER _____ -OR-

☐ SAVINGS ACCOUNT NUMBER _____

By signing this form, I (we) authorize Iowa State Bank to withdraw my monthly tuition payment for Wee Blessings Preschool.

Signature

Signature

Date

The authority you have given both the depository and us will remain in effect for the 2018-2019 school year. You have the right to stop payment of any withdrawal by notifying the depository before it has charged to your account. After your account has been charged, you may have the amount of any withdrawal made in error immediately corrected by the depository up to 15 days following notification or 45 days after posting, whichever occurs first.

****PLEASE ATTACH A VOIDED CHECK/DEPOSIT SLIP VERIFYING THE FINANCIAL INSTITUTION
ABA NUMBER AND ACCOUNT NUMBER ****

