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### Authorization Agreement for Direct Debit (Payment)

I (we) hereby authorize Tanager Place to initiate debit entries to my (our) account. Account indicated below at the financial institution named below, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until Tanager Place has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Tanager Place and my (our) financial institution a reasonably opportunity to act on it.

#### Bank Details

- Checking     Savings
- Business Account *(check this box only if the checking/savings account is a business account)*
- I have a Debit Filter or Debit Block on this account. Please contact me with the Company ID that I can provide to my bank to allow this debit to process as authorized.

Name on Account \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Financial Institution City, State and Zip Code \_\_\_\_\_

Account Number \_\_\_\_\_

9-digit Routing Number \_\_\_\_\_

Frequency of Transfer \_\_\_\_\_ (monthly, annually)

Effective Date of Transfer \_\_\_\_/01/20\_\_\_\_      Amount of Transfer \$\_\_\_\_.\_\_\_\_

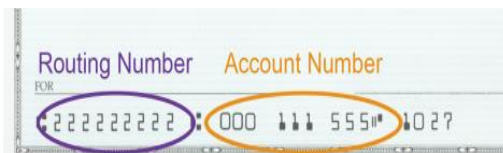
*\*Please attach a voided check (not a voided deposit ticket)*

- If monthly payment amount varies, Tanager Place must send the customer written notification of the payment amount 10 calendar days prior to the scheduled payment date (PPD debits only).
- If Tanager Place changes the date on a recurring payment Tanager Place must send the customer written notification at least 7 calendar days prior to the scheduled payment date (PPD debits only)
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**I am an authorized signer, or otherwise have authority to act on the account identified in this statement. I attest that the above account information is correct and agree to enter into the ACH debit on behalf of Tanager Place, and that the signature below is my own proper signature.**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ (MM/DD/YYYY)



MAIN OFFICE  
2309 C ST SW  
CEDAR RAPIDS, IA 52404  
319-365-9164

ESTLE CENTER  
1030 5TH AVE SE  
CEDAR RAPIDS, IA 52403  
319-286-4545

CAMP TANAGER  
1614 W. MT. VERNON RD  
MT. VERNON, IA 52314  
319-363-0681

ACCREDITED BY  
 COUNCIL  
ON  
ACCREDITATION  
ENGAGE. EMPOWER. EVOLVE.