



AUTHORIZATION FORM FOR DIRECT WITHDRAWAL

I hereby authorize Manitowoc Lutheran High School, to initiate entries from my checking/savings account at the financial institution listed below, and, if necessary, initiate adjustments for any transactions debited in error. This authority will remain in effect until Manitowoc Lutheran High School, is notified by me (us) in writing to cancel it in such time as to afford Manitowoc Lutheran High School and the Financial Institution a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State & Zip)

(Name - PLEASE PRINT)

(Address - PLEASE PRINT)

(Financial Institution Routing Number)

(Checking Account Number)

(Savings Account Number)

(Signature)

(Date)

Please attach a voided check