



TAPROOT

Authorization for Direct Debit

I (We) hereby authorize **TAPROOT NATURE EXPERIENCE** (hereinafter called Company) to initiate Debit entries to my (our) account(s) indicated below 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:** _____

Withdrawal Date: 1st of the month 15th of the month **Amount:** _____

Account: Checking Savings

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

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:** _____

For checking account withdrawals, please attach a **voided check** here.

Mail to: **Taproot Nature Experience**
2363 305th Street
North English, Iowa 52316



Please contact us if you have any questions.
Email: info@TaprootNatureExperience.org

Authorization for Direct Debit Instructions

I (We) hereby authorize **TAPROOT NATURE EXPERIENCE** (hereinafter called Company) to initiate Debit entries to my (our) account(s) indicated below 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: Your bank name

Branch: Your bank branch name (optional)

City: Your bank city

State: Your bank state

ZIP: Your bank zip code

Withdrawal Date: 1st of the month 15th of the month **Amount:** Dollar amount of monthly withdrawal
Check only one

Account: Checking Savings
Check only one

Routing Number: _____

Account Number: _____

For checking, see the check example below. For savings, contact your financial institution for your routing number.

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): Your printed name

Signature: Your signature

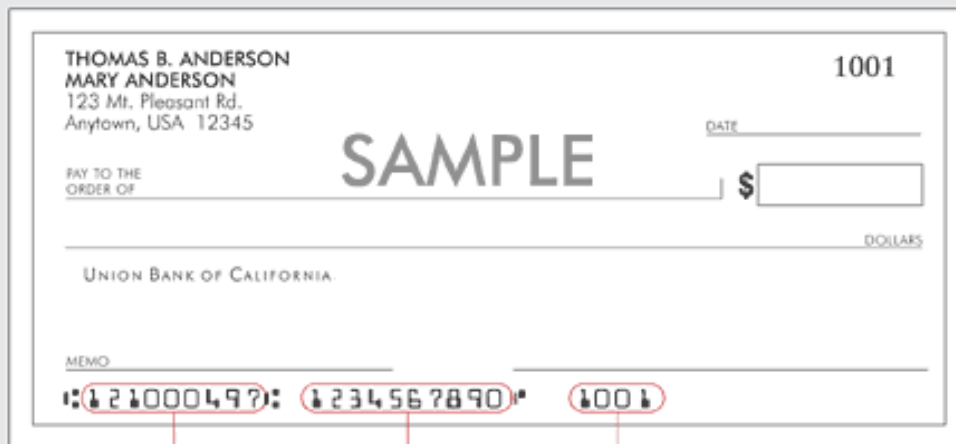
Date: Today's date

Address: Your city, state, and zip code

Phone: Your phone number

For checking account withdrawals, please attach a **voided check** here.

Staple a check here. Write "VOID" across the check.



Routing Number

Account Number

Check Number