



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

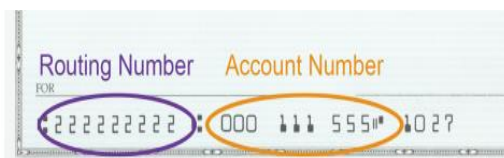
- Checking Savings
- Business Account *(check this box only if the checking/savings account is a business account)*
- I have a Debit Filter or Debit Block on this account. Please contact me with the Company ID that I can

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)

Amount of Transfer \$_____.

Effective Date of Transfer ____/01/20____

**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)

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)

We provide services to children and families that inspire, empower and heal.

MAIN CAMPUS
2309 C Street SW
Cedar Rapids, IA 52404
(319) 365-9164

ESTLE CENTER
1030 5th Avenue SE
Cedar Rapids, IA 52403
(319) 286-4545

CORALVILLE CLINIC
1150 5th Street, Suite 160
Coralville, IA 52241
(319) 286-4520

CAMP TANAGER
1614 West Mt. Vernon Road
Mt. Vernon, IA 52314
(319) 363-0681