

# Direct Credit Authorization Form

## Dyslexia Institute of Minnesota (The Reading Center)

2010 Scott Road NW, Rochester, MN 55901

(507)288-5271

I authorize Dyslexia Institute of Minnesota (The Reading Center) to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error, to the account listed here. I acknowledge that the origination of ACH transactions must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing. **I will be responsible for any charge in case there is insufficient fund in my account.**

I attach a voided check for verification of all financial institution information.

Financial Institution Name	
Financial Institution City and State	
Financial Institution Routing Number	
Account Number at Financial Institution	
Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name(s) on the Account	
Your Name	
Your Signature	
Today's Date	

Student : \_\_\_\_\_

Attach a voided check for verification of all financial institution information:

**Attach a Voided Check here**