**Direct Credit Authorization Form**

**Dyslexia Institute of Minnesota (The Reading Center)**

**847 5th Street NW, Rochester, MN 55901**

**(507)288-5271**

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| **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** |  **Checking Savings** |
| **Name(s) on the Account** |  |
| **Your Name** |  |
| **Your Signature** |  |
| **Today’s Date** |  |

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

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| **Attach a voided check for verification of all financial institution information:** |
|   **Attach a Voided Check here** |