

# Authorization for Automatic Withdrawal Payment

Parent/Guardian \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_ Email Address \_\_\_\_\_

Student Name	Student ID #	Student Fees Due	# of Months	Monthly charge (\$2 x # of months)	Total (Fees + monthly charge)	Payment (Total divided by # of months)

Bank Name \_\_\_\_\_

Checking  Savings

Bank Routing # \_\_\_\_\_

Account # \_\_\_\_\_

As a participant of this debit service, I agree to and understand the following:

1. Funds will be transferred on/near the 15<sup>th</sup> day of each month.
2. Total amount due must be paid by **April 15**. To ensure this, monthly payments may be adjusted as necessary to cover class changes and additional school fees/fines/etc.
3. There is \$2 fee per month per student for this transaction.
4. I will ensure that funds are in my designated account to cover the electronic transfer.
5. A 15 day notice must be given to cancel or make changes to the electronic transfer.
6. First refused fund transfer may result in my account being removed from the payment program and being referred to a collection agency.
7. No yearbooks or other optional fees can be included in the Automated Clearing House (ACH).

I have read and agree to the above ACH agreement and authorize Lone Peak High School to transfer the necessary funds to cover my student's school fees.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**MUST ATTACH VOIDED CHECK HERE**