

## Authorization for Automatic Withdrawal Payment

Parent/Guardian \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

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

Student Name	Student ID#	Student Fees Due	# of Months	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 the 15th 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.*
3. *I will ensure that funds are in my designated account to cover the electronic transfer.*
4. *A 15 day notice must be given to cancel or modify this electronic transfer.*
5. *First refused fund transfer may result in my account being removed from the payment program and remaining balance would need to be paid in full.*
6. *This service is only available for school fees. Yearbooks and other optional fees may not be included with this service.*

I have read and agree to the above ACH (Automated Clearing House) agreement and authorize Lehi Junior High School to transfer the necessary funds to cover my student's school fees.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT: This application will not be processed without a VOIDED CHECK attached.**