

## AUTHORIZATION FOR ACH ELECTRONIC TRANSFER

Parent/Guardian Name \_\_\_\_\_ Home Phone # \_\_\_\_\_  
 Work Phone# \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

- **YEARBOOKS ARE NOT ALLOWED ON PAYMENT PLAN**
- **\$25.00 MINIMUM MONTHLY WITHDRAW**

Student Name	Student Number	Grade	Total Due (no optional fees allowed.)	Number of Months (8 Maximum)	Monthly Amount (Round up to the nearest dollar)
			\$		\$
			\$		\$
			\$		\$

Bank Name \_\_\_\_\_ Checking  Savings   
 Bank Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

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 starting on September 15<sup>th</sup>.
2. First payment must be made when this form is submitted.
3. Total due must be paid off by April 15<sup>th</sup>'s payment. To ensure this, *monthly payments may be adjusted as necessary to cover class changes and additional school fees/fines (etc.).*
4. 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. Three errors to electronic fund transfers will result in losing the monthly payment option to pay off my student(s) school fees/fines.
7. **NO YEARBOOKS CAN BE INCLUDED IN THE ACH.**

I have read and agree to the above ACH agreement and authorize Lehi High School to transfer the necessary funds to cover my students school fees.

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