Authorization for Automatic Withdrawal Payment

Parent/Guardian		Home/Cell#				
Address	City			Zip		
Student Name	Student #	Grade	Total Amount Due	# of Months (8 max)	\$ Monthly Amount (\$20 min.)	
NO Yearbooks, PE Uniforn	Added 7	To Paymen	<u>ts</u>		otal Forms May Be	
As a participant of this debit serving. 1. Funds will be collected on 2. The last withdrawal will be 3. 15 days notice must be give. 4. First refused fund transfer being referred to WHS's construction. 5. The Finance Office reserved I authorize them to do so we see the serving of the ser	the 15 th of each more made April 15th . en to cancel or make may result in your applications agency.	nderstand the onth or next date changes to account being tamounts as a	following: ay beginning S the electronic to removed from	ransfer. the payment	program and	
Signature		Date				

MUST ATTACH VOIDED CHECK HERE: