

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.)

Total _____

NO Yearbooks or PE Uniforms May Be Added To Payments Minimum of \$20.00 Monthly Withdraw

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

1. Funds will be collected on the 15th of each month or next day beginning September 15th.
2. The last withdrawal will be made **April 15th**.
3. 15 days notice must be given to cancel or make changes to the electronic transfer.
4. First refused fund transfer may result in your account being removed from the payment program and being referred to WHS's collections agency.
5. The Finance Office reserves the right to adjust amounts as needed to fulfill school payment obligations. I authorize them to do so with written notification.

Signature _____ Date _____

MUST ATTACH VOIDED CHECK HERE: