## **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.)		
				Te	otal		
NO Yearbooks, PE Unifor		Го Paymen	<u>ts</u>				
As a participant of this debit serv  1. Funds will be collected of  2. The last withdrawal will be  3. 15 days notice must be gi  4. First refused fund transfer being referred to WHS's of  5. The Finance Office reserved I authorize them to do so	the 15 <sup>th</sup> of each more made <b>April 15<sup>th</sup></b> . ven to cancel or make may result in your accollections agency.	enth or next date changes to account being tamounts as a	ay beginning S the electronic t removed from	ransfer. In the payment	program and		
Signature	Signature			Date			

MUST ATTACH VOIDED CHECK HERE: