

AUTHORIZATION FOR ACH ELECTRONIC TRANSFER

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

• \$25.00 MINIMUM MONTHLY WITHDRAW

Child's Name	Age	Total Due	Number of Months (8 Maximum)	Monthly Amount (Round up to the nearest dollar)
		\$		\$
		\$		\$
		\$		\$

IMPORTANT: Please attach a voided check to this form (no deposit slips)

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 15th day of each month starting on September 15th.
2. Total due must be paid off by May 15th's payment. To ensure this, *monthly payments may be adjusted as necessary to cover class changes and additional school fees/fines (etc.).*
3. Ensure that funds are in my designated account to cover the electronic transfer.
4. A 15 day notice must be given to cancel or make changes to the electronic transfer.
5. Three errors to electronic fund transfers will result in losing the monthly payment option to pay off my student(s) school fees/fines.

I have read and agree to the above ACH agreement and authorize Lehi High School to transfer the necessary funds to cover my child's childcare fees.

Signature _____ Date _____

Attach Canceled Check Here: