

# 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, PE Uniforms, Lockers, Parking Passes, or Team/Group 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 15<sup>th</sup> of each month or next day beginning September 15<sup>th</sup>.
2. The last withdrawal will be made **April 15<sup>th</sup>**.
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:**