## **Authorization for Automatic Withdrawal Payment**

Parent/Guardian				Phone #				
Addre	ss		City					
Zip Cc	ode	_ Email Address						
Student Name		Student ID#	Student Fees Due	Monthly Charge (\$2x # of months)	# of Months	Total (Fees + monthly charge)	Payment (Total divided by # of months)	
					-			
Bank l	Routing #		_ Account # _					
1. 2. 3. 4. 5. 6.	Funds will be transf Total amount due r necessary to cover There is a \$2 fee pe I will ensure that fur A 15 day notice mus First refused fund a remaining balance	it service, I agree to are ferred on/near the 15th must be paid by April class changes and adder month per family for add are in my designate st be given to cancel of transfer may result in would need to be paid available for school	n day of each made the second the second to the second to the second to the second to the second th	nonth. re this, mor fees. n. cover the ele lectronic tran peing remove	ectronic transfer.  ed from the	ansfer. he payment	t program and	
		the above ACH (Auto necessary funds to co				and authori	ze Lehi Junior	
Signature			Date					

IMPORTANT: This application will not be processed without a VOIDED CHECK attached.