

Please return this form  
with your mail-in payment.

**I WOULD LIKE TO PAY USING ACH ELECTRONIC TRANSFER**

Willowcreek Middle School is offering you the opportunity to have your student's registration fees automatically transferred from your checking account on the 5th day of the month and deposited directly into the school's checking account. This service is free of charge. **Only the required fees on the enclosed fee statement will be included in this program, we cannot include yearbook, PE clothes or PTSA dues.**

This is the only option for those who aren't eligible for a fee waiver or can't pay in full at the beginning of the school year with either check, cash or a credit card. *According to District policy all accounts 90 days past due will be sent to our collection agency.* If you need more time to pay fees, this option gives you eight months to complete fee payment, however you can choose to pay the amount in less time if you wish.

If you would like to participate, please fill out this application for your students attending Willowcreek Middle School and attach a '**Cancelled Check**' (*no deposit slips*). Please return or mail to Lana Spice, Financial Secretary, Willowcreek Middle School, 2275 West 300 North, Lehi, UT 84043. If you have questions, please call Ms. Spice at 801-610-8766.

Parent/Guardian Name \_\_\_\_\_ Home Phone # \_\_\_\_\_  
(as it appears on your checking account) Work Phone # \_\_\_\_\_

Address \_\_\_\_\_  
Complete mailing address is required City State Zip code

E-mail address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

STUDENT NAME	STUDENT NUMBER	GRADE	MONTHLY AMOUNT	NUMBER OF MONTHS (8 Maximum)	TOTAL DUE
1)			\$		\$
2)			\$		\$

Bank Name \_\_\_\_\_

Bank Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_  
**IMPORTANT: This application will not be processed without a VOIDED CHECK attached.**

**PLEASE INITIAL NEXT TO THE FOLLOWING ITEMS**

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

1. \_\_\_\_\_ Funds will be transferred on the **5th** day of each month starting on September 5, 2015
2. \_\_\_\_\_ Total due must be paid off by April 5th's payment. (Maximum of 8 payments)
3. \_\_\_\_\_ **15 days notice** must be given to cancel or make changes to the electronic transfer.
4. \_\_\_\_\_ I must ensure that funds are in my designated account to cover the electronic transfer each month.
5. \_\_\_\_\_ If an electronic funds transfer is denied, I will be responsible for all bank charges assessed by my bank.
6. \_\_\_\_\_ Two (2) denied electronic fund transfers will result in being dropped from the ACH program, my account being referred to collection and I will be responsible for all fees connected with the returned payment(s).
7. \_\_\_\_\_ I understand that the final payment amount may be adjusted, depending on changes my student may have made to his/her schedule.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**I WOULD LIKE TO MAKE PAYMENT IN FULL BY CHECK**

Check # \_\_\_\_\_

Amount \$ \_\_\_\_\_

DATE \_\_\_\_\_