



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 15th day of the month and deposited directly into the school's checking account. This service is free of charge. **Only the required fees will be included in this program, we cannot include yearbook, PE clothes or PTSA dues.**

This is the only option for those who are not 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, no savings accounts*). Please return or mail to Jill Broadhead, Financial Secretary, Willowcreek Middle School, 2275 West 300 North, Lehi, UT 84043. If you have questions, please call Ms. Broadhead 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 **15th** day of each month starting on September 15, 2020
2. _____ Total due must be paid off by April 15th'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 _____

