

Monthly Payment Option (ACH)

Lehi Jr High School
700 E Cedar Hollow Rd
Lehi, UT 84043

NO YEARBOOKS, PE UNIFORMS, OR OTHER OPTIONAL ITEMS MAY BE INCLUDED IN THE MONTHLY PAYMENT PROGRAM – IT IS FOR REQUIRED REGISTRATION FEES ONLY

Parent or Guardian Name

Mailing Address including City, and Zip Code

Home Phone Number

Cell Phone Number

Parent/Guardian Email address

I authorize Lehi Junior High School to transfer funds from my bank account to Lehi Junior High's bank account on the **15th** of each month beginning September 15, 2019, for a maximum of 8 payments (final transfer on April 15, 2020). You can choose to pay the amount in less time if you wish. Total due must be paid off by April 15, 2020. I understand that the final payment amount may be adjusted, depending on changes my student may have made to his/her schedule. I understand that there will be a \$2 fee per month for this service. (*\$2 fee per family, not per student, if more than one student is enrolled in the ACH program at LJHS*).

I understand that I may change the dollar amount or cancel the transfer at least 15 days prior to any download by calling 801-610-8754 ext. 441757. I understand that I am responsible for ensuring that funds are in my designated account to cover the electronic transfer. If there are insufficient funds to cover the transfer, I understand that I am responsible for any costs incurred and charged to me by my Financial Institution.

I am responsible to notify Lehi Junior High if I close my account.

If the account(s) is defaulted on or delinquent, the balance will be turned over to our Collection Agency (The Cherrington Firm). Should collections become necessary, I hereby expressly agree to pay all costs of collection. I further agree to pay all court costs and attorney fees should legal action become necessary. I understand and accept this financial agreement made with Lehi Junior High.

I understand that I will be billed the full purchase price of any books or school supplies that are not returned to the school by the last day of the current school year.

Student Name	Student #	Grade	Total Due	# of Months (8 Maximum)	Monthly Amount

Bank Name: _____

Bank Routing #: _____

Account #: _____

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

I hereby authorize Alpine School District to transfer the above amount(s) each month to cover my Student(s) registration fees for the current school year.

Parent/Guardian Signature

Date