

NORTHWEST PUBLIC SCHOOLS

2710 N North Rd
Grand Island NE 68803
308-385-6398 fax: 308-385-6393

Debit Authorization

I (we) hereby authorize Northwest Public Schools, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for payment of lunch fees. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name

Address

City/State

Zip

Routing Number

Account Number

Type of Account: ___ Checking ___ Savings

Payment Amount: \$ _____

Please check one:

_____ Bi-monthly payments: 1st and 15th of the month

_____ Monthly payments: 15th of the month

- If the 1st or the 15th falls on a weekend or holiday, your account will be debited the first business day after.

This authority to remain in full force and effect through May1, 2009 or until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Name

Signature

Date

Family ID Number: _____

PLEASE ATTACH A VOIDED CHECK TO THIS FORM