

# 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.W. law.

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Account Number

Type of Account: \_\_\_\_\_

Checking \_\_\_\_\_

Savings \_\_\_\_\_

Payment Amount: \$ \_\_\_\_\_

Please check one:

\_\_\_\_\_ Bi-monthly payments: 1<sup>st</sup> and 15<sup>th</sup> of the month

\_\_\_\_\_ Monthly payments: 15<sup>th</sup> of the month

- If the 1<sup>st</sup> or the 15<sup>th</sup> 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 May 1, 2012 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**