

NORTHWEST PUBLIC SCHOOLS

1R Cedar Hollow Chapman St. Libory Northwest

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: 1st and 15th of the month

_____ Monthly payments: 1st of the month

_____ Monthly payments: 15th of the month

Students/adults on lunch account:

- **ACH withdrawals will begin on August 15 or September 1.** 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 May 1, 2019 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.

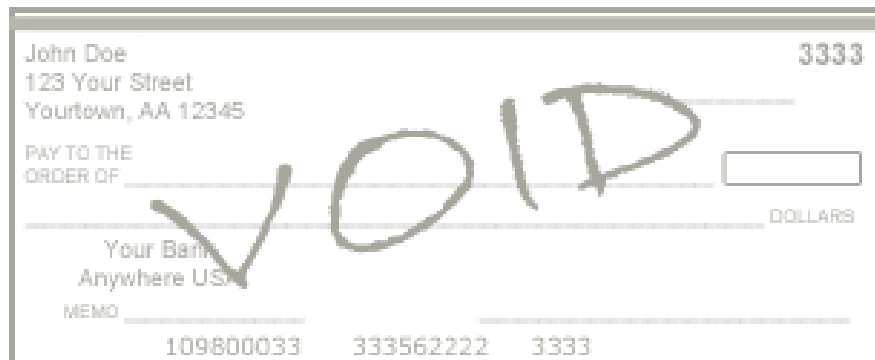
Print Name _____

Signature _____

Date _____

Family ID Number: _____ (optional)

**PLEASE
ATTACH A
VOIDED
CHECK
HERE!**



Routing
number

Account
number