



# NORTHWEST PUBLIC SCHOOLS

1R Cedar Hollow St. Libory Northwest High School

## 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: 1<sup>st</sup> of the month

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

Students/adults on lunch account:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

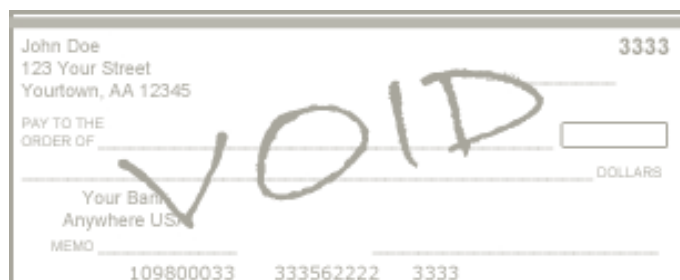
This authority to remain in full force and effect through May 1, 2024 or until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Family ID Number: \_\_\_\_\_ (optional)

**PLEASE ATTACH A  
VOIDED CHECK  
HERE!**



Routing number

Account number