



## Checking Account Electronic Payment Authorization

**Complete this form if you want electronic payments to be withdrawn from your checking account. Please return this form with a “Voided” check in a sealed envelope to the school.**

I hereby authorize the school and *e~Funds for Schools*, to debit my checking account for payments I have authorized. I have attached a “Voided” personal check, which shows the financial institution and my checking account number that I am authorizing to have electronic payment(s) withdrawn from. I certify that I am authorized to make withdrawals from the checking account. I understand and authorize that if a mistake is made in processing my payment that a refund or correction may be made to my account.

If an electronic payment that I authorized is returned for non-sufficient funds “NSF” I understand that my checking account will be electronically debited for a NSF Fee of \$15. I understand that my NSF payment can be resubmitted to my financial institution.

This authorization is to stay in effect until I have notified the school in writing to discontinue the electronic payment service and the school has reasonable time to act upon it.

\_\_\_\_\_ (Signature must match name on “Voided” check)

\_\_\_\_\_ (Date)

School Name: \_\_\_\_\_

List the full name of each child you may make electronic payments for:

Student Name	ID#	Student Name	ID#
Student Name	ID#	Student Name	ID#
Student Name	ID#	Student Name	ID#

Please provide your email address so we can notify you of payment activity.

\_\_\_\_\_ Home email address

\_\_\_\_\_ Work email address

Please provide home, cell or work phone numbers: \_\_\_\_\_ - \_\_\_\_\_