



Electronic Payment Authorization (school copy)

Complete this form when you want an electronic payment to be applied to your *e~Funds for Schools* account.

I hereby authorize the school to apply the following payment to my *e~Funds for Schools* account:

Student ID Number _____

Name of Student _____

Purpose of Payment _____

Amount of Payment _____ School Function Code _____

Apply Payment to my checking account Apply payment to my credit card

(Signature)

(Date)

Electronic Payment Authorization (parent copy)

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