

HESSTON USD 460

Auto-Pay Lunch Program



**Offering you the latest technology to
make your school year run smoother**

Benefits:

- Payments automatically made to students' lunch accounts.
- No more waiting for checks to clear.
- Parents no longer have to worry if cash or checks make it to the school.
- Convenience of tracking lunch account balances.
- Enrollment is simple.
- Complete form on back.
- There is no additional cost to you.

The auto-pay lunch program is quick and easy, and provides benefits to both parents and the school!

**For More Information:
Kaye Linton- Hesston USD 460
PH: 620-327-4931**

Auto-Pay Lunch Program

Authorization Agreement for Direct Payments (ACH Debits)

I (we) hereby authorize, Hesston USD 460, 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. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

NOTE: The dollar amount indicated will be drawn from the account indicated on the 1st day of each month.

****CHANGES MUST BE MADE BY THE 20TH OF EACH MONTH TO BEGIN THE NEXT MONTH****

*****Direct Payments will begin September 1, 2018 and run through May 1, 2019*****

Check One: New Authorization Change Authorization (Bank or Amount) Cancel Authorization

Name of Student: _____ Grade: _____ Amount per month: \$ _____

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Name of Student: _____ Grade: _____ Amount per month: \$ _____

Financial Institution

Financial Institution Address _____ City _____ State _____ Zip _____

_____ Type of Account: Checking Savings
ABA/Routing Number _____ Account Number _____

This authority is to remain in full force and effect 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. COMPANY reserves the right to terminate this agreement if deemed necessary.

Print Individual Name of Person Authorizing Debit
(MUST BE ON ACCOUNT FUNDS ARE BEING DEBITED FROM)

Signature of Person Authorizing Debit

Date

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM
FOR VERIFICATION PURPOSES**