



1R Cedar Hollow St. Libory
Lockwood Preschool 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: 1st and 15th of the month

_____ Monthly payments: 1st of the month

_____ Monthly payments: 15th of the month

Students/adults on lunch account:

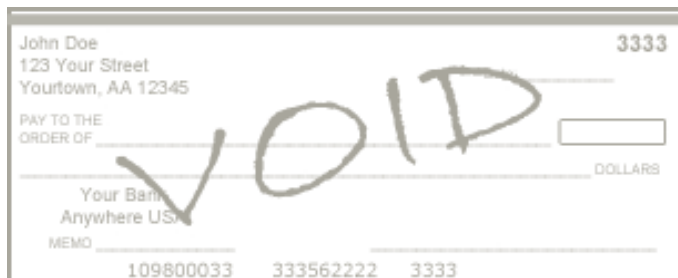
- **ACH withdrawals will begin on August 15 or September 1.** If the 1st or the 15th falls on a weekend or holiday, your account will be debited the first business day after.

This authority to remain in full force and effect through May 1, 2026, 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