## AUTHORIZATION FOR AUTOMATIC ELECTRONIC FEE PAYMENT USD 382-PRATT -- 2014-2015 SCHOOL YEAR

I authorize USD 382-Pratt and the financial institution named below to deduct the amount of my fees from the account identified below. I understand my automatic electronic payment will be deducted by equal amounts on the 1st of each month (September through May). I have the right to stop the deduction by contacting Carol McKenna at USD 382-Pratt at 620 672-4500 or by contacting my financial institution at least three business days prior to the payment due date.

udent Name:		
ilding:	Southwest Liberty	y Pratt High
Fe	es (Choose one or all)	
Breakfast Fee: (First payment due at enrollmen (\$23.40 Elementary, \$27.90 Middle/Hig	nt)	
Lunch Fee: (First payment due at enrollment) (\$50.40 Elementary, \$54.90 Middle/Hig	gh School) \$	
Monthly Enrollment Fee:  Total Enrollment Fee  (Verify with school office)	÷9 = \$	
Beyond the Bell Fee:	\$	
beyond the ben ree.	*	
Total Monthly Amount:	\$	
Total Monthly Amount:	\$LINSTITUTION INFORMAT	
Total Monthly Amount:  FINANCIAL  me:	\$LINSTITUTION INFORMAT	TION
Total Monthly Amount:  FINANCIAL  ne: ent/Guardian Signature  TAPE YOUR PERSON	\$LINSTITUTION INFORMAT	Date
Total Monthly Amount:  FINANCIAL  ne: ent/Guardian Signature  TAPE YOUR PERSON	\$ LINSTITUTION INFORMAT  City/State:  NALIZED DEPOSIT SLIP OR VOIDED CH	Date
Total Monthly Amount:  FINANCIAL  ne: ent/Guardian Signature  TAPE YOUR PERSON	\$ LINSTITUTION INFORMAT  City/State:  NALIZED DEPOSIT SLIP OR VOIDED CH	Date
Total Monthly Amount:  FINANCIAL  ne: ent/Guardian Signature  TAPE YOUR PERSON	\$ LINSTITUTION INFORMAT  City/State:  NALIZED DEPOSIT SLIP OR VOIDED CH	Date
Total Monthly Amount:  FINANCIAL  me:  rent/Guardian Signature  TAPE YOUR PERSON	\$ LINSTITUTION INFORMAT  City/State:  NALIZED DEPOSIT SLIP OR VOIDED CH	Date