

CLEARFIELD HIGH SCHOOL

931 SOUTH 1000 EAST
CLEARFIELD, UT 84015
801-402-8200

PAY PLAN AUTHORIZATION FORM

STUDENT NAME: _____ GRADE: _____ STUDENT # _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

EMPLOYER: _____

AMOUNT DUE: _____ DEPOSIT (25% DOWN PAYMENT REQUIRED) _____

EMERGENCY CONTACT (NOT CURRENTLY RESIDING WITH YOU) INCLUDING NAME AND PHONE NUMBER (S):

DESCRIPTION OF FEES/FINES OWED TO CLEARFIELD HIGH SCHOOL:

PAYMENT DATE(S)

PAYMENT AMOUNT (S)

I AGREE TO PAY THE ABOVE AMOUNT ON THE DATES INDICATED TO CLEARFIELD HIGH SCHOOL. I UNDERSTAND THAT IF I DEFAULT, MY ACCOUNT WILL BE SENT TO BONNEVILLE COLLECTIONS FOR COLLECTION OF THE ABOVE FEES. ALL DELINQUENT ACCOUNTS WILL BE CHARGED AN INTEREST RATE OF 1.5% PER MONTH (18% PER ANNUM). IN THE EVENT ANY BALANCE IS NOT PAID AS AGREED, THE UNDERSIGNED AGREES TO PAY A COLLECTION FEE NOT TO EXCEED 40% OF THE UNPAID BALANCE. IN THE EVENT OF A LAWSUIT TO COLLECT THE UNPAID BALANCE, THE UNDERSIGNED FURTHER AGREES TO PAY COURT COSTS AND REASONABLE ATTORNEY'S FEES IN ADDITION TO THE COLLECTION FEE. YOU ARE AUTHORIZING US TO CALL YOU AT ANY NUMBER YOU PROVIDE OR AT ANY NUMBER AT WHICH WE REASONABLY BELIEVE WE CAN CONTACT YOU, INCLUDING CALLS TO MOBILE, CELLULAR, OR SIMILAR DEVICES FOR ANY LAWFUL PURPOSE. YOU AGREE TO ANY FEE(S) OR CHARGE(S) THAT YOU MAY INCUR FOR INCOMING CALLS FROM US, AND/OR OUTGOING CALLS TO US, TO OR FROM ANY SUCH NUMBER, WITHOUT REIMBURSEMENT FROM US.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PRINCIPAL'S SIGNATURE OF APPROVAL: _____ DATE: _____

COMMENTS: