

ONE FORM ONLY PER FAMILY is to be submitted IF interested in participating.

Direct Payment Authorization Form: Fixed Payments for Cafeteria Accounts

We are pleased to offer you again this year the service of the **Direct Payment Plan**. You can have your payment deducted automatically from your checking or savings account. And, you won't have to change your present banking relationship to take advantage of this service.

The Direct Payment Plan will help you in several ways:

- It saves time—fewer checks to write and mail.
- Helps pay your bills in a convenient and timely manner—even if you're on vacation or out of town.
- Your payment is always on time—it helps maintain good credit.
- It saves postage—many people spend close to \$100 a year on postage.
- It's easy to sign up for, easy to cancel.
- No late charges.

Here's how the Direct Payment Plan works:

You authorize regularly scheduled payments to be made from your checking or savings account. Then, just sit back and relax.

Your payments will be made automatically on the specified day. And proof of payment will appear on your statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of your payment changes, we will notify you at least 10 days before payment date. If you want to change the amount of deduction, please also notify us in writing. The Direct Payment Plan is dependable, flexible, convenient, and easy. To take advantage of this service, complete the authorization form below and return it to us at least a week before the month you intend for the deduction to begin.

All you need to do is:

- 1) Mark the box before type of account to indicate whether your payment will be deducted from your **checking or savings account**.
- 2) Fill in your name, financial institution name and location, and date.
- 3) **Attach a voided check for verification of all financial information. If you are unable to attach the voided check, please fill in your account number and routing number below.**

PLEASE NOTE: A NEW form must be submitted each school year as the previous year's form is no longer valid.

Be sure to sign the form & return to:

Bellefonte Area School District, Attn: Ken Bean, Director of Fiscal Affairs, 318 N. Allegheny Street, Bellefonte, PA 16823

PLEASE COMPLETE THE INFORMATION BELOW:

<i>Child's Name</i>	<i>School</i>	<i>Amount Per Café Acct</i>

I authorize Bellefonte Area School District to initiate electronic debit entries to my:

___ CHECKING account (or) ___ SAVINGS account

on the 1st business day of each month (September through May)

for payment of my child(ren)'s meals in the TOTAL amount of \$ _____

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing. (PLEASE PRINT)

_____ FINANCIAL INSTITUTION NAME

_____ ACCOUNT NUMBER AT FINANCIAL INSTITUTION

_____ FINANCIAL INSTITUTION ROUTING NUMBER

_____ FINANCIAL INSTITUTION CITY AND STATE

_____ SIGNATURE _____ DATE