

Automated Payment Authorization

I authorize Davis School District Nutrition Services to electronically debit my bank account each month, the following amount \$_____.

The total amount shall be dispersed by the Davis District as follows:

Student Name	Student Number	School	Monthly Amount
Total			

A record of each transfer will be included in my bank statement and serve as my receipt. If payment is stopped, students will have no money in their lunch account, resulting in no meal service.

In the unlikely event that any of these electronic debits are dishonored, this authorization enables Davis School District to electronically recover the dishonored amount, plus the associated fee.

Please keep a copy of this form for your records.

To make changes, stop, temporarily stop, or reactivate this agreement, please call Cindy 801-402-7675

Bank Name: _____ Routing Number: _____

Account Number _____ Checking or Savings (Check one)

Please Print Name: _____

Signature of Account Holder: _____ Date: _____

Monthly on 1st or 15th (Check one)

Address: _____

Phone: _____

**Davis Nutrition Services
Bldg. G4 Freeport
PO Box 160485
Clearfield, Utah 84016-0485
801-402-7675**

Must attach voided check or deposit slip with this form
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