Viewmont High School
120 W. 1000 N.
Bountiful, Ut 84010
(801) 402-4200

DELAYED PAYMENT AUTHORIZATION FORM

Student Name_____Grade:_____Student #_____
Parent/Guardian Name:_____
Address:_____
Home Phone:_____ Cell Phone:_____
Work Phone:_____

Amount of Registration Fees that are due:_____

Proposed Payment Plan:

Payment Date:	**Payment Amount:**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I agree to pay the above amounts on the dates indicated to Viewmont High School. I understand that if I default, my account will be sent to Bonneville Collection Agency for collection of the above fees.*
*Amendment to Contract: Disclaimer
I agree to pay all attorneys fees, court costs, filing fees and all collection costs.

_____ _____
Date Parent/Guardian Signature

Please send Delayed Payment request to Sherri Jenkins (Viewmont High School Main Office) prior to August 17th registration payment deadline in order to avoid $10 late registration fee.