## **Business Office**

Northshore School District

3330 Monte Villa Parkway Bothell, WA 98021-8972 425-408-7642

## **Authorization Agreement for Direct Payments** 2020 - 2021 Northshore Ready Start Tuition Program (ACH Withdrawal)

(Please Print)

Parent/Guardian Name(s)	
Student's Name	School
I (we) hereby authorize the Northshore Scho	ool District to initiate withdrawals to my (our) indicated below.
(select one)	ing Account Savings Account
	0.00 per month for nine (9) months for full tuition for nine months. <b>ay of each month beginning in September 2020 and ending in May 2021.</b>
In the event of insufficient funds, you will reimmediate repayment. A \$25 fee will be add	eceive a letter from our Business Services Office to make arrangements for ded to the amount due.
I (we) acknowledge that the origination of A U.S. law.	ACH transactions to my (our) account must comply with the provisions of
Required Parent(s)/Guardians(s) Informa	ation:
Financial Institution	
Transit Routing/ABA Number	
Account Number	
This authorization will remain in full force a is received by the Northshore School District	and effect until May <b>2021</b> or until written notification of change or termination et.
Parent/Guardian Signature(s)	Date
	Attach a VOIDED check

Yellow: School

Pink: Parent

Updated 01/09/20 cd

White original: Business Office