



Northshore
School District

Business Office

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

Authorization Agreement for Direct Payments
2021 – 2022 Northshore Peer Tuition Program
(ACH Withdrawal)
(Please Print)

Parent/Guardian Name(s) _____

Student's Name _____ School _____

I (we) hereby authorize the Northshore School District to initiate withdrawals to my (our) indicated below.

(select one) Checking Account Savings Account

This withdrawal will be for \$200.00 per month for nine (9) months for full tuition for nine months.

Withdrawal will occur the 7th calendar day of each month beginning in September 2021 and ending in May .

In the event of insufficient funds, you will receive a letter from our Business Services Office to make arrangements for immediate repayment. A \$25 fee will be added to the amount due.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Required Parent(s)/Guardians(s) Information:

Financial Institution _____

Transit Routing/ABA Number _____

Account Number _____

This authorization will remain in full force and effect until May **2022** or until written notification of change or termination is received by the Northshore School District.

Parent/Guardian Signature(s) _____ Date _____

Attach a VOIDED check

White original: Business Office

Yellow: School