

Shoreline Junior High School

1150 South Westside Dr.

Layton, UT 84041

801-402-7700

PAY PLAN AUTHORIZATION FORM

STUDENT NAME: _____ GRADE: _____ STUDENT# _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

EMPLOYER: _____

AMOUNT DUE: _____ DEPOSIT: _____

EMERGENCY CONTACT (NOT CURRENTLY RESIDING WITH YOU) INCLUDING A NAME AND PHONE NUMBERS

DESCRIPTION OF FEES/FINES OWED TO SHORELINE JUNIOR HIGH:

PAYMENT DATE (S)

PAYMENT AMOUNT (S)

I AGREE TO PAY THE ABOVE AMOUNT ON THE DATES INDICATED TO SHORELINE JUNIOR HIGH SCHOOL. I UNDERSTAND THAT IF I DEFAULT, MY ACCOUNT WILL BE SENT TO BONNEVILLE COLLECTIONS FOR COLLECTION OF THE ABOVE FEES. ALL DELINQUENT ACCOUNTS WILL BE CHARGED INTEREST RATE (18% PER ANNUM). IN THE EVENT ANY BALANCE IS NOT PAID AS AGREED, THE UNDERSIGNED AGREES TO PAY A COLLECTION FEE NOT TO EXCEED 40% OF THE UNPAID BALANCE. IN THE EVENT OF A LAWSUIT TO COLLECT THE UNPAID BALANCE, THE UNDERSIGNED FURTHER AGREES TO PAY COURT COSTS AND REASONABLE ATTORNEY'S FEES IN ADDITION TO THE COLLECTION FEE. YOU ARE AUTHORIZING US TO CALL YOU AT ANY NUMBER YOU PROVIDE OR AT ANY NUMBER, WE REASONABLY BELIEVE WE CAN CONTACT YOU, INCLUDING CALLS TO MOBILE, CELLULAR OR SIMILAR DEVICES FOR ANY LAWFUL PURPOSES. YOU AGREE TO ANY FEE(S) OR CHARGES(S) THAT YOU MAY INCUR FOR INCOMING CALLS FROM SHORELINE, AND/OR OUTGOING CALLS TO SHORELINE, TO OR FROM ANY SUCH NUMBER, WITHOUT REIMBURSEMENT FROM SHORELINE JUNIOR HIGH.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PRINCIPAL'S SIGNATURE OF APPROVAL: _____ DATE: _____