

WILLOWCREEK MIDDLE SCHOOL  
2275 West 300 North  
Lehi, UT 84043

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**I WOULD LIKE TO PAY USING ACH ELECTRONIC TRANSFER**

Willowcreek Middle School is offering you the opportunity to have your student's registration fees automatically transferred from your checking or savings account on the 1st day of the month and deposited directly into the school's checking account. This service is free of charge.

If you would like to participate, please fill out this application for your students attending Willowcreek Middle School and attach a **Cancelled Check (no deposit slips)**. Please return or mail to Lana Spice, Financial Secretary, Willowcreek Middle School, 2275 West 300 North, Lehi, UT 84043. If you have questions, please call Dixie at 766-5273 Ext. 504.

Parent/Guardian Name \_\_\_\_\_ Home Phone # \_\_\_\_\_  
(as it appears on your checking account) Work Phone # \_\_\_\_\_

Address \_\_\_\_\_  
Complete mailing address is required City State Zip code

E-mail address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

STUDENT NAME	STUDENT NUMBER	GRADE	MONTHLY AMOUNT	NUMBER OF MONTHS	TOTAL DUE
			\$		\$
			\$		\$
			\$		\$

Bank Name \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Bank Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

**IMPORTANT: Please attach a voided check to this form (no deposit slips)**

As a participant of this debit service, I agree to and understand the following:

1. Funds will be transferred on the 1st day of each month starting on September 5, 2009
2. Total due must be paid off by April 1st's payment.
3. Ensure that funds are in my designated account to cover the electronic transfer.
4. 15 days notice must be given to cancel or make changes to the electronic transfer.
5. Two refused electronic fund transfers will result in my account being referred to collection.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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**I WOULD LIKE TO PAY USING MY CREDIT CARD**

I authorize Willowcreek Middle School to debit my credit card for SCHOOL FEES in the amount of \$ \_\_\_\_\_

Master Card \_\_\_\_\_ Visa \_\_\_\_\_

Credit Card # \_\_\_\_\_ 3 digit number on back of card.

Expiration Date \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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**I WOULD LIKE TO MAKE PAYMENT BY CHECK**

Check # \_\_\_\_\_

Amount \$ \_\_\_\_\_

DATE \_\_\_\_\_