

Auto-Pay Lunch Program

Authorization Agreement for Direct Payments (ACH Debits)

I (we) hereby authorize, **Hesston USD 460**, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

NOTE: The dollar amount indicated will be drawn from your account on the 1st business day of each month.

****CHANGES MUST BE MADE BY THE 20TH OF EACH MONTH TO BEGIN THE NEXT MONTH****

*****First payment September 3, 2024. Last payment May 1, 2025*****

******NEW FORM COMPLETED EACH YEAR******

Check One: ☐ New Authorization ☐ Change Authorization (☐ Bank or ☐ Amount) ☐ Cancel Authorization

Name of Student: _____ Grade: _____ Amount per month: \$ _____

Name of Student: _____ Grade: _____ Amount per month: \$ _____

Name of Student: _____ Grade: _____ Amount per month: \$ _____

Name of Student: _____ Grade: _____ Amount per month: \$ _____

Financial Institution

Financial Institution Address

City

State

Zip

ABA/Routing Number

Account Number

Type of Account: ☐ Checking ☐ Savings

**ATTACH COPY OF VOIDED CHECK TO THIS FORM
FOR VERIFICATION PURPOSES**

If voided check not provided-a PRE-NOTE will be initiated

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. COMPANY reserves the right to terminate this agreement if deemed necessary.

Print Individual Name of Person Authorizing Debit
(MUST BE ON ACCOUNT FUNDS ARE BEING DEBITED FROM)

Signature of Person Authorizing Debit

Date