

School District of Belleville is pleased to offer —



The Direct Payment Plan for your **FAMILY LUNCH ACCOUNT PAYMENTS**.

Families can have their food service payments made automatically from a checking or savings account.

The Direct Payment Plan helps by:

- Saving time—no checks to write
- Meeting your commitment in a convenient and timely manner

Here's how Direct Payment works:

You authorize regularly scheduled payments to be made from your checking or savings account. Then, just sit back and relax. Your payments will be made on either the 1st or 15th of the month or both if this works best for you. Proof of payment will appear on your bank statement.

The authority you give to charge your account will begin **September 1, 2016 and be in effect through June 1, 2017**, or until you notify us in writing to terminate the authorization.

Please note, we must have your form returned to us by August 23, 2016 if you wish for a payment to be withdrawn on September 1, 2016. **If we do not receive your form by August 23, 2016** you will need to make a lunch payment via check or cash.

The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the authorization form below and return it to *School District of Belleville, Connie Vacho, 635 W Church St, Belleville, WI 53508*.

RETAIN FOR YOUR RECORDS

On _____ (Date) I authorized the School District of Belleville, 625 West Church Street Belleville, WI 53508 to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may change or revoke my authorizations with you at any time by writing to the address above, or sending an e-mail to vachoc@belleville.k12.wi.us.

Payment date(s) _____ Payment Amount\$ _____

Return bottom to *School District of Belleville, Attn: Connie Vacho, 635 W Church St, Belleville, WI 53508*

----- Cut here -----

AUTHORIZATION FOR DIRECT PAYMENT FOR THE 2016-17 SCHOOL YEAR

I authorize School District of Belleville to initiate entries to my checking/savings account. This authority will remain in effect through June 1, 2017 or until I notify you in writing to cancel it in such time as to afford the company a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution three days before my account is charged.

Name of Financial Institution _____ Branch _____

City/State/Zip Code _____

Signature _____ Date _____

Name (Please Print) _____ Phone _____

Address _____

Account Number _____ Checking or Savings

Financial Institution Routing Number _____

1st of Month Amount _____ 15th of Month Amount _____

(Please indicate zero if a payment is to be made only once a month)

PLEASE ATTACH A VOIDED CHECK so we can verify banking information. Thank you.