# SCHOOL AND LUNCH FEES AUTOMATIC ELECTRONIC PAYMENT PLAN

For your convenience USD 382 offers an automatic electronic payment plan for school fees and/or lunch fees. (*Any additional meal costs besides the standard meal, such as Ala Carte, should be paid directly to the Central Cafeteria.*) If you do not wish to use the automatic electronic payment plan you may continue to pay your lunch and school fees by check or cash at your school office.

## HOW IT WORKS

**School Enrollment Fees:** Once enrollment fees have been established, we will make arrangements with your bank to deduct the amount of your payment from your account on the 1st of each month beginning September and ending in May.

Lunch Fees: Lunch fees are \$56.00 per month for elementary and \$61.00 per month for high school and middle school. <u>The first lunch payment is</u> due at enrollment to insure there are funds in your student's account when school begins. Automated payments will begin September 1 and end May 1.

**Breakfast Fees:** \$26.00 per month for elementary and \$31.00 per month for middle and high school.

### IT'S EASY!

Complete the authorization form on the back of this page and return it to your school building or mail it to:

Heather Van Slyke, USD 382-Pratt, 401 S. Hamilton, Pratt, KS 67124.

#### AUTHORIZATION FOR AUTOMATIC ELECTRONIC FEE PAYMENT USD 382-PRATT -- 2017 - 2018 SCHOOL YEAR

I authorize USD 382-Pratt and the financial institution named below to deduct the amount of my fees from the account identified below. I understand my automatic electronic payment will be deducted by equal amounts on the 1st of each month (September through May). I have the right to stop the deduction by contacting Heather Van Slyke at USD 382-Pratt at 620 672-4500 or by contacting my financial institution at least three business days prior to the payment due date.

PLEASE PRINT OR TYPE (Complete a separate form for each child)

Student Nam	ne:			
Parent/Guaro	dian Name:			
Building:	Early Childhood	Southwest	Liberty	Pratt High

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#### FINANCIAL INSTITUTION INFORMATION

Name:

City/State:

Date

Parent/Guardian Signature

TAPE YOUR PERSONALIZED DEPOSIT SLIP OR VOIDED CHECK HEREIMPORTANT!CHECK TYPE OF ACCOUNT:( ) CHECKING or( ) SAVINGS

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