



ELECTRONIC FUNDS TRANSFER (EFT) Please include a pre-printed voided check along with your request.

I authorize my district to initiate variable monthly debit entries to my bank account which will include a \$1.00 fee per transaction. I agree to contact my district at least 20 days before the penalty date with any concerns to allow time for corrections.

Checking Account

Savings Account

Signature _____ Phone _____

CREDIT CARD/DEBIT CARD PAYMENT

I authorize my district to initiate variable monthly debit entries to my credit/debit card which will include a \$3.00 fee per transaction. I agree to contact my district at least 20 days before the expiration date to allow time to input updated information into the billing system or to cancel this method of payment.

This payment will be Monthly One Time

Type of Credit Card MasterCard Visa

Discover American Express

Credit Card Number _____ Expiration Date _____ CVV Code _____

Credit Card Mailing Address _____

Signature _____ Phone _____

PAPERLESS BILLING/ELECTRONIC NOTIFICATIONS

I authorize my district to send my bill and notifications by email. I agree to contact my district by the 10th of the month in order to make a change to the email address for the following bill.

Email address _____

Signature _____ Phone _____