



POWAY UNIFIED SCHOOL DISTRICT
EXTENDED STUDENT SERVICES/PRESCHOOL



ELECTRONIC PAYMENT AUTHORIZATION
PLEASE FILL IN ALL INFORMATION CLEARLY

PAYER'S INFORMATION

PAYER'S NAME		
CREDIT CARD NUMBER		EXPIRATION DATE
BANK NAME		
ROUTING NUMBER	CHECKING ACCT. NUMBER	CHECK NUMBER
ADDRESS		
CITY	STATE	ZIP
TELEPHONE NUMBER (AREA CODE)		

PARENT INFORMATION SAME AS ABOVE

NAME

STUDENT INFORMATION

STUDENT NAME	SCHOOL
PROGRAM <input type="checkbox"/> ESS (Extended Student Services) <input type="checkbox"/> PS (Preschool)	
STUDENT NAME	SCHOOL
PROGRAM <input type="checkbox"/> ESS (Extended Student Services) <input type="checkbox"/> PS (Preschool)	

BILLING AUTHORIZATION

<input type="checkbox"/> CURRENT BALANCE ONLY	<input type="checkbox"/> * RECURRING MONTHLY CHARGE
\$ _____	BEGINNING DATE: _____
	STOP DATE: _____

CARD HOLDER

SIGNATURE X _____ DATE _____

As an authorized signer on the financial institution account(s) identified above, I authorize you to perform electronic funds transfer debits and/or credits for payments due or when applicable. This authorization is to remain in full force until Poway Unified School District has received notification of its termination.

* Recurring transactions will be performed the first week of the month. Payment for current balance only will be performed as received during the month. New authorizations are required each July 1st.