

Poway Unified School District
Extended Student Services
ELECTRONIC PAYMENT AUTHORIZATION
FOR MONTHLY AUTO PAY ONLY

| | | |
|--|---|-----|
| <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Checking Acct | | |
| PAYER'S NAME | | |
| CREDIT CARD NUMBER | EXPIRATION DATE | CCV |
| BANK NAME (Only if selected Above) | | |
| ROUTING NUMBER | CHECKING ACCT NUMBER | |
| BILLING ADDRESS | | |
| CITY | STATE | ZIP |
| TELEPHONE NUMBER | | |
| PRIMARY PARENT NAME (IF DIFFERENT FROM ABOVE) | | |
| STUDENT NAME | SCHOOL | |
| STUDENT NAME | SCHOOL | |
| <input type="checkbox"/> I authorize 100% of monthly fees To be charged this card | <input type="checkbox"/> I authorize _____ % of monthly fees To be charged this card (if other than 100%) | |

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 proper notification of its termination.