

CONSUMER DEBIT AUTHORIZATION

2009 - 2010 School Year

Automatic Payment Enrollment for Recurring Bill Payment

NAME: _____

BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

WORK PHONE #: _____ HOME PHONE # _____

Please deduct my Automatic Payment from my account as follows:

Name of Financial Institution: _____

Financial Institution Routing Number: _____

Type of Account:

___ Checking

___ Savings

Account No. _____

Account No. _____

Please enclose a voided check for verification of banking information.

I authorize the Tahoma Extended Enrichment Program to deduct my Extended Enrichment payment from the account listed above on the 5th of each month. I understand that if I decide to discontinue this payment plan I must notify the Extended Enrichment Program in writing at the following address 2 weeks before the 1st of the month.

Extended Enrichment Program
25720 Maple Valley-Blk. Diamond RD SE
Maple Valley, WA 98038

SIGNATURE: _____ DATE: _____

