## **DIRECT DEBIT AUTHORIZATION FORM for 2021-2022**

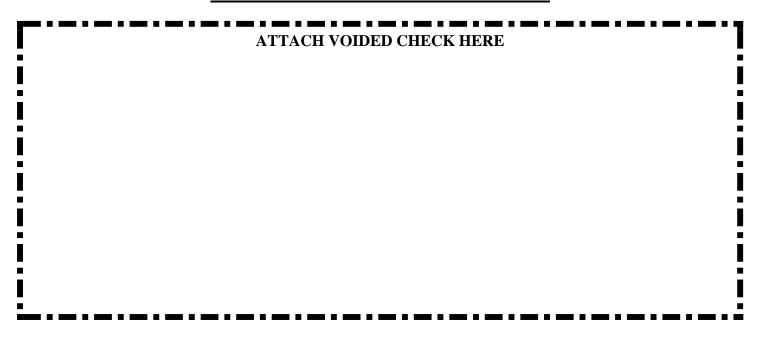
□ New Enrollment	Change	
Account Holder Printed Name:		

Signature: \_\_\_\_\_

I authorize Mokena School District 159 to initiate debit entries to the institution and account indicated below. I further authorize the District to initiate credit entries to the account listed below to correct any errors. This authority is to remain in full force and effect until the district has received written notification from me of its termination in such time and in such a manner as to afford the District and the institution a reasonable opportunity to act on it prior to deposition to the account. I understand that if there are insufficient funds to cover the draft, a fee of \$20.00 will be assessed per transaction.

AUTHORIZED DEBIT ACCOUNT				
INSTITUTION NAME:				
INSTITUTION ROUTING NUMBER:				
ACCOUNT NUMBER:				
TYPE OF ACCOUNT (Check only one):	□ Checking	□ Savings		

You must attach a copy of a voided check for checking accounts below. Attach routing number and account verification from your financial institution for savings account debits. **DEPOSIT TICKETS ARE NOT ACCEPTABLE.** 



## MOKENA SCHOOL DISTRICT 159 APPLICATION FOR STUDENT FEES PAYMENT PLAN

For school year beginning August 2021

Parent/Guardian Information (Please	e Print)				
				Phone Numl	bers
					Home
Last Name	First Na	ame			
					Cell
Address					
					Work
City	State	Z	Zip		
Student Information – Print names of	each stude	ent living with	h you for whom yo	u are requesting a	fee payment plan.
Student Name	Grade in 2021-22	School Attending	Registration fee per quarter*	Transportation fee per quarter*	Total Student Fees Per Quarter
1.					A)
2.					B)
3.					C)
4.					D)
		-			
Grand Total fees to deduct per quarter (A+B+C+D):					

I certify that I am the parent/guardian of the child(ren) listed above and am requesting a student fee payment plan. I agree to pay on a payment plan whereby the respective fee will be divided by four quarters. The payment will be withdrawn from my designated account on the following days: **August 20, 2021, October 15, 2021, December 17, 2021, and March 11, 2022**. By making these payments, I will not incur any late fee or have my account referred to collections. In the event I do not fulfill my obligation, my account will be referred to a collection agency at the conclusion of the 2021-22 school year for non-payment of aforementioned 2021-22 student fee obligations. (*This form must be turned into the District Office no later than August 6, 2021 for processing*).

Signature of Parent/Guardian		Date				
*Fee Payment Chart						
Friday – August 20,	Friday – October 15, Frid		Frid	riday – December 17,		Friday – March 11,
2021	2021		2021		2022	
<u>Registrat</u>	ion Fees			Transport	tation Fee	s (Verify Fee Amount in
			Skyward			
K – 8th Grade	\$250.00	\$62.50/qtr/cł	nild	Under 1.5	\$375.00	\$93.75/quarter