

DIRECT DEBIT AUTHORIZATION FORM for 2021-2022

<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Change	<input type="checkbox"/> Cancel
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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):	<input type="checkbox"/> Checking <input type="checkbox"/> 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.

ATTACH VOIDED CHECK HERE

MOKENA SCHOOL DISTRICT 159
APPLICATION FOR STUDENT FEES PAYMENT PLAN

For school year beginning **August 2021**

Parent/Guardian Information (Please Print)

Phone Numbers

Home

Last Name

First Name

Cell

Address

Work

City

State

Zip

Student Information – Print names of each student living with you for whom you 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 The payment will be withdrawn from my designated account on the following days: **August 20, 2021, October 15, 2021, December 17, 2021, and March 11, 2022**.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, 2021	Friday – October 15, 2021	Friday – December 17, 2021	Friday – March 11, 2022
Registration Fees		Transportation Fees (Verify Fee Amount in Skyward)	
K – 8th Grade	\$250.00	\$62.50/qtr/child	Under 1.5 \$375.00 \$93.75/quarter

COMPLETE OTHER SIDE

(OVER)