



**Authorization to Honor Direct ACH Debits Drawn By  
Catholic East Elementary School for Kids Campus and Hot Lunch/Milk Program**

A requirement of using the Kids Campus Program (Before and After School Care) or purchasing lunch or milk (if you are not part of the free lunch program) at Catholic East Elementary School for the 2015-16 school year is to provide the school with a voided check or your savings account information, in order for us to debit your checking or savings account for your monthly charges as an automatic withdrawal from your account. This is the only form of payment we will accept for Kids Campus and for the lunch and milk program. **We must have this information whether or not your child uses Kids Campus or participates in our hot lunch program on a regular basis or just occasionally through the school year. Please return form at the Mandatory Parent Meeting on Tuesday, August 25, 2015.**

**PLEASE CHECK AND RETURN FORM TO SCHOOL August 25, 2015**

\_\_\_\_\_ Please, continue to use the information I provided, nothing has changed (current families)

\_\_\_\_\_ My banking information has changed (please complete all information below and provide voided check)

\_\_\_\_\_ New family (Please complete all information below and provide voided check)

Child's name: \_\_\_\_\_ Child's name: \_\_\_\_\_

**THE EFFECTIVE DATE OF THIS POLICY IS TUESDAY, AUGUST 26, 2015, THE FIRST DAY OF SCHOOL. AGAIN, YOU MUST TURN IN THIS INFORMATION, IN ORDER FOR YOUR CHILD TO RECEIVE HOT LUNCH AND/OR MILK (IF YOU ARE NOT PART OF THE FREE LUNCH PROGRAM) OR TO ATTEND BEFORE AND AFTER SCHOOL CARE AT *KIDS CAMPUS*.**

**Instructions:**

Complete all parts of this form.

Execute all signatures where indicated. If account requires counter signatures, both signatures must appear on this form.

**IMPORTANT:** Attached voided check from checking account or savings account (you can get this from your bank).

Account Holder Information: (Please Print)

FAMILY LAST NAME: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_ Account Number \_\_\_\_\_

Account Type (check one) ☐ Checking ☐ Savings

Start date is August 26, 2015.

As a convenience to me, for payment of services (Kids Campus and hot lunch and milk) due, I hereby request and authorize Catholic East Elementary School to charge my bank account via Electronic Funds Transfer.

The authorization shall remain in effect until revoked by me, in writing. I agree you shall be fully protected in honoring any such debit entry.

I agree that your treatment of each such debit entry, and your rights in respect to it, shall be the same as it if were signed by me. I fully agree that if any such debit entry be dishonored, whether with or without cause, you shall be under no liability whatsoever even though such dishonor may result in the forfeiture of services.

\_\_\_\_\_  
Signature of Parent/Guardian      Date

\_\_\_\_\_  
Signature of Parent/Guardian      Date