Monthly Payment Option (ACH) American Fork Junior High School

American Fork Junior High School 1120 North 20 West American Fork, UT 84003

Parent or Guardian Name			Social Security # of Guardian		
Home Phone Number	Home Phone Number Work Phone Number				
Mailing Address/PO Box	Mailing Address/PO Box City		State	Zip	
YEARBOOK	(S MAY NOT BE	INCLUDE	D WITH THIS PA	YMENT PLAN	
Student(s) Name	Student #	Grade	Total Due	Number of Payments (Max 7)	Monthly Amount (Round up to nearest dollar)
The money is to be transferred from m (October thru April). I understand that for the month has been done, will begit transfer at least 15 days prior to any doensuring that funds are in my designat. I am responsible to notify American Fo. If the account(s) is defaulted on or delibecome necessary, I hereby expressly at the account is turned over to an outsid action become necessary. I understand I understand that I will be billed the full student attending day of the current see	there will be NO in the following mownload by callinged account to courk Junior High if I inquent, the balant agree to pay all collection agend and accept this purchase price of	fee for this to nonth. I und g 801-610-8; ver the elect close my ac cice will be to ests of collect cy. I further financial ag	ransaction. Those lerstand that I may 750 ext 405757. It ronic transfer. count. urned over to The 0 tion including any agree to pay all coreement made with	applications received a r change the dollar amo understand that I am re Cherrington Firm, PLLC r additional fees up to 5 ourt costs and attorney th American Fork Junion	after the download punt or cancel the sponsible for Should collection 60% whether or not fees should legal r High.
I hereby authorize Alpine School Distric student's registration fees for the curre		bove amoui	nt(s) each month fo	or the next 7 months (O	ct - April) to cover my
Parent/Guardian Signature			Date		

Please attach a voided check here (no deposit slips)