

Monthly Payment Option (ACH)

Pleasant Grove Junior High School

810 N 100 E

Pleasant Grove, UT 84062

Parent or Guardian Name

Mailing Address including City, and Zip Code

Home Phone Number

Cell Phone Number

Parent/Guardian Email Address

The money is to be transferred from my bank account to Pleasant Grove Junior High's bank account on the 15th of each month starting **September 15th and last payment posting April 15th**. I understand that there will be a **\$2 fee per month for this service**. (\$2 fee per family, not per student, if more than one student is enrolled in the ACH program at PGJH).

I understand that I may change the dollar amount or cancel the transfer at least 15 days prior to any download by contacting Michelle Bronk, 801-610-8146, mbronk@alpinedistrict.org. I understand that I am responsible for ensuring that funds are in my designated account to cover the electronic transfer. If there are insufficient funds to cover the transfer, I understand that I am responsible for any costs incurred and charged to me by my Financial Institution.

I am responsible to notify Pleasant Grove Junior High if I close my account.

If the account(s) is defaulted on or delinquent, the balance will be turned over to Cherrington Collection Agency. Should Collections become necessary, I hereby expressly agree to pay all costs of collection including any additional fees up to 50% whether or not the account is turned over to an outside collection agency. I further agree to pay all court costs and attorney fees should legal action become necessary. I understand and accept this financial agreement made with Pleasant Grove Junior High.

I understand that I will be billed the full purchase price of any books or school supplies that are not returned to the school by the last day of the current school year. ***** If a class change occurs fees could decrease/increase.**

Student Name	Student #	Grade	Total Due <i>(Registration & Optional Fees)</i>	# of Payments <i>(8 payments or less)</i>	\$ Amount to be Withdrawn each month <i>(round up to nearest dollar+ \$2 fee)</i>

I hereby authorize Alpine School District to transfer the above amount(s) each month for the next 8 months (Sept-April) to cover my Student(s) registration fees for the current school year.

Parent/Guardian Signature

Date

Due Back by SEPTEMBER 1ST
Please attach a voided check

Bank Name: _____

Account #: _____

Bank Routing #: _____

Checking _____ Savings _____ (Mark One)