

KEWAUNEE SCHOOL DISTRICT
MONTHLY AUTO-PAY LUNCH ACCOUNT FORM 2017-18

PARENT
NAME _____ FAMILY I.D. # _____

PARENTS PHONE # _____

BANK NAME _____

BANK NAME _____ BANK ROUTING NUMBER _____

Nicolet Bank-----075917937

Bank of Luxemburg-----075905910

Other Bank Name _____ ----- _____

Bank Address _____

Bank Phone Number _____

Please indicate only ONE of the following:

Checking Account Number _____

(Please attach a cancelled check)

-OR-

Savings Account Number _____

(Please provide a bank letter showing the account and routing number)

Please indicate a DOLLAR AMOUNT Below:

<u>Monthly Deposit Amount</u>	<u>Start Date</u>	<u>End Date</u>
\$ _____	9/1/2017	5/04/2018

I hereby authorize the Kewaunee School District to withdraw from my account the amount stated above from the bank stated above, on the first Friday of each month from September, 2017 through May, 2018.

Effective Date

Parent Signature and Date

Please return this form to school or District Office