



AUTOMATIC WITHDRAWAL SYSTEM FOR SCHOOL MEAL PROGRAM!

Lake Washington School District offers the option of a set monthly withdrawal from your bank account, deposited to your child's meal account. Here are some advantages of this program:

The Automatic Withdrawal System is Worry Free & Simple:

- No need to call in money each month.
- No need to give out private credit card information over the phone.
- No need to send a check with your child.
- Money may automatically be split between siblings

FAQ:

- 1. How does this program work?** *The company used for this program is ACH (Automatic Clearing House). With your approval, ACH will debit either your checking or savings account. This works the same way as any other withdrawal or check.*
- 2. What happens if my account has insufficient funds?** *The bank will notify the school district if you have insufficient funds. You will be charged a processing fee of \$5.00 for each NSF transaction. This is the amount the bank charges Lake Washington School District.*
- 3. Can more than one parent or guardian make deposits to one child's meal account?** *Yes, each parent/guardian will need to fill out an ACH authorization form and indicate the amount they wish to deposit each month.*
- 4. How much can I deposit each month?** *The monthly amount is entirely up to you. It may be helpful to research what your student purchases on a day to day basis. You may contact the Food Service office or your student's school for this information.*
- 5. What if my child stops using the lunch program?** *You may withdraw from the program anytime. When the district receives notification of your cancellation, a refund can be requested and a check will be issued immediately.*
- 6. What happens if I am unable to continue with the payments?** *You may either discontinue the program, and/or you may apply for free or reduced price lunch benefits at anytime during the school year. Forms are available at your child's school.*

If you have more questions please call or e-mail the Food Service office at (425) 702-3393.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS For *Breakfast and Lunch* Accounts (ACH WITHDRAWALS)

Name _____
Please Print

I/we hereby authorize Lake Washington School District to initiate debit entries from my/our (select one):

- () Checking account
- () Savings account

This debit will be for my child/children's monthly meal payment. **Funds will be removed from the bank on or about the 4th of the month and be in the student's account on or about the 6th calendar day of each month, September through June.*** I/we acknowledge that the origination of ACH transaction to my/our account must comply with the provisions of U.S. law.

**Agreements received after the 3rd of the month will be initiated the following month*

Required information - please print

Financial Institution: _____

Account Number: _____

This authorization is to remain in full force and effect until written notification of change or termination is received by the Lake Washington School District. Information can be e-mailed to FoodService@lwsd.org or call our office at 425-702-3393.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

City: _____ Zip Code: _____ Phone: _____

Child's First Name	Child's Last Name	Amount per Child	School Attending:

Total Amount Withdrawn Each Month: \$_____

ATTACH VOIDED CHECK HERE

Please mail form with voided check to:

LWSD Food Service
P.O. Box 97039
Redmond, WA 98073-9739