

## AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT SPICE PROGRAM

**SECTION 1**

SPICE Location/Site: \_\_\_\_\_  
 Name(s) on Account: \_\_\_\_\_ **PLEASE PRINT**  
 Student Name or Names: \_\_\_\_\_ **PLEASE PRINT**  
 Amount to be released monthly: \_\_\_\_\_ Effective date of first withdrawal: \_\_\_\_\_

This form must be received in the SPICE Billing Office no later than the 20<sup>th</sup> of the month previous to effective date of withdrawal, change or cancellation

**SECTION 2**

Check here if this is the first time you have filled out this form for the current school year.  
*Continue to Section 3*

Check here if you are changing the bank account number from the bank account previously established.  
*Continue to Section 3*

Check here if you are using this form to terminate automatic payments which you previously authorized.  
*Skip to Section 4, Section 3 does not need to be completed*

This form must be received in the SPICE Billing Office no later than the 20<sup>th</sup> of the month previous to effective date of withdrawal, change or cancellation

**SECTION 3**

I/We hereby authorize Fort Smith Public Schools, EIN # 71-6020978, hereinafter called DISTRICT, to initiate debit entries to my (our)  **Checking** OR  **Savings** (SELECT ONE) account indicated below and the DEPOSITORY financial institution named below, hereinafter called DEPOSITORY, to debit the same to such account.

\_\_\_\_\_  
**FINANCIAL INSTITUTION NAME**

\_\_\_\_\_  
**CITY**

\_\_\_\_\_  
**STATE**

\_\_\_\_\_  
**ZIP CODE**

\_\_\_\_\_  
**ROUTING NUMBER**

\_\_\_\_\_  
**ACCOUNT NUMBER**

**Please attach a voided check for the stated account in order that we may verify the numbers provided.**

**PLEASE NOTE: Without a voided check and your signature below we cannot process your request.**

**SECTION 4**

This authority is to remain in full force and effective until DISTRICT has received **written** notification from me (or either of us) of its termination in such time and in such manner as to allow DISTRICT and DEPOSITORY a reasonable opportunity to act on it.

\_\_\_\_\_  
**NAME(S) ON ACCOUNT (PLEASE PRINT)**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE**