

**TIMPANOGOS HIGH SCHOOL  
AUTOMATIC PAYMENT PLAN AGREEMENT**

Dear Parents,

Timpanogos High School is offering you the opportunity to have your student's required school fees transferred automatically from your checking account and deposited directly into the school's account free of charge. **Only the required fees** on your fee statement will be included in this program, including any participation fees. **We cannot include yearbook, parking tag, PE clothes or extra fees for sports, trips, etc.** These fees must be paid separately. The parents who have previously participated in this program love the ease and the convenience of it.

This will be the only option for those who aren't eligible for a fee waiver or can't pay in full at the beginning of the school year with check, cash or a credit / debit card. District policy is to send accounts over 90 days past due to our collection agency. If you need more time to pay fees, this option gives you eight months to complete fee payment (September – April). Payments will be processed on the 5<sup>th</sup> of each month. You may choose to pay off the balance at any time. **Please remember that other charges may occur due to class changes that your student may do during the school year.**

If you would like to participate in this service, fill out this application for each student attending Timpanogos High School, write "VOID" or "CANCELLED" on one of your checks and attach it to this form. We cannot use deposit slips, or savings accounts. Please return this form or mail it to, Timpanogos High School, Attention: Freddi Ann Johnson, Student Financial Secretary, 1450 N. 200 E. Orem, UT 84057. If you have any question or concerns about this service, please call 801-610- 8175 ext. 758.

---

ALPINE SCHOOL DISTRICT  
TIMPANOGOS HIGH SCHOOL  
AUTOMATIC PAYMENT PLAN AGREEMENT

---

Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_ Date Received \_\_\_\_\_  
Phone # \_\_\_\_\_

Parent or Guardian Name (as it appears on checking account) \_\_\_\_\_

---

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*I hereby authorize Timpanogos High School to transfer \$ \_\_\_\_\_ each month for the next \_\_\_\_\_ months (September thru April) for my student's school fees of, \$ \_\_\_\_\_ for the 2016-2017 school year.*

*The money is to be transferred from my checking account to Timpanogos High Schools account on or about the 5<sup>th</sup> of each month. I understand there will be no fee for this transaction. I understand the final payment may be adjusted depending on any changes in my student's schedule during the school year.*

***You are responsible to notify the student financial office if you close your checking account. If payments are returned for any reason, your account will be turned over to our collection agency and you will be responsible for all fees connected with the returned payment.***

***Signature \_\_\_\_\_ Date \_\_\_\_\_***