

SCHOOL LUNCH ACCOUNT

SCHOOL LUNCH PROGRAM CREDIT CARD AUTHORIZATION - Somonauk School District now offers a convenient, easy way to pay for school lunches. Your payment can be charged to your MasterCard or Visa card by simply completing the information below. **DEPOSITS TO LUNCH ACCOUNTS WILL NOT BE PROCESSED UNTIL JULY 1, 2009 – EXPIRATION DATE OF CARD MUST BE AFTER THAT DATE.**

Please charge my fees to my MASTERCARD or VISA account

- I authorize a one time only charge to my credit card.
- I authorize a charge to my credit card when my child's lunch account balance falls below \$5.00.
- I will call each time a charge to my credit card should be made to deposit funds in my child's lunch account.

_____ MASTERCARD _____ VISA Credit Card Number _____

Security Number on Back of Card _____ Expiration Date: _____

	Grade	<u>Amount</u>
Students Names: _____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Signature of Card Holder: _____ Date: _____
 (MUST BE SIGNED TO BE VALID)

Please Print Name: _____

Address: _____

Please provide us with a phone number (including area code) where we can reach you during the day if we need additional information.

Daytime Phone: _____

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2009-2010 LUNCH PRICE SCHEDULE

GRADES K-4 (\$2.00)

- 1 week - \$10.00
- 2 weeks - \$20.00
- 3 weeks - \$30.00
- 4 weeks - \$40.00
- 5 weeks - \$50.00
- 6 weeks - \$60.00
- 7 weeks - \$70.00
- 8 weeks - \$80.00
- 9 weeks - \$90.00

GRADES 5-8 (\$2.25)

- 1 week - \$11.25
- 2 weeks - \$22.50
- 3 weeks - \$33.75
- 4 weeks - \$45.00
- 5 weeks - \$56.25
- 6 weeks - \$67.50
- 7 weeks - \$78.75
- 8 weeks - \$90.00
- 9 weeks - \$101.25

GRADES 9-12 (\$2.50)

- 1 week - \$12.50
- 2 weeks - \$25.00
- 3 weeks - \$37.50
- 4 weeks - \$50.00
- 5 weeks - \$62.50
- 6 weeks - \$75.00
- 7 weeks - \$87.50
- 8 weeks - \$100.00
- 9 weeks - \$112.50

REGISTRATION FEE CHARGE AUTHORIZATION

REGISTRATION FEE CHARGE AUTHORIZATION - Somonauk Schools now offer a convenient, easy way to pay school fees. Your payment can be charged to your MasterCard or Visa card by simply completing the information below.

Please charge my fees to my MASTERCARD or VISA account.

_____ MASTERCARD _____ VISA

Credit Card Number: _____ Expiration Date: _____

Signature of Card Holder: _____ Date: _____

(MUST BE SIGNED TO BE VALID)

Please Print Name: _____

Address: _____

Please be sure to attach this sheet to your fee payment sheet so that payment can be properly applied. Also, please provide us with a phone number (including area code) where we can reach you during the day if we need additional information.

Daytime Phone: _____