

FACTS account change or charge order

All changes to your financial account must be submitted in writing.

Parent Name: _____ Contact #: _____

Are you authorized to make changes: ___yes or ___no

Student(s) Name: _____

Change to be made

____ **Payment date change---Current date** _____ **Change to** _____

Must be made 36 hours prior to the day it drafts to be successful. Once a payment is in process FCS is unable to alter it.

____ **Payment---How do you want the payment applied?**

____ **Past due amount**

____ **Next Payment due**

Must be made 36 hours prior to the day it drafts to be successful. Once a payment is in process FCS is unable to alter it.

____ **Apply to remaining balance**

____ **Specific charge—explain** _____

____ **Add items (EXCLUDES YEARBOOK/AD) Effective as of (date):** _____

____ **Remove items Effective as of (date):** _____

____ **Charge my account \$** _____ **for** _____

Permission given by _____ **Staff initials** _____

____ **Other, please explain**

Signature: _____ **Date:** _____

Entered Date: _____ Initial: _____
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