



**Scholarship
Character
Humanity**

LAKE HAVASU UNIFIED SCHOOL DISTRICT

2200 Havasupai Blvd., Lake Havasu City, AZ 86403

928-505-6900 | 928-505-6999 (fax)

Name: _____ Phone: _____
Address: _____ Email: _____
City: _____ State: _____ Zip Code: _____

**RE: AUTHORIZATION TO DEBIT ACCOUNT FOR
TAX CREDIT AUTOMATIC PAYMENT PLAN**

**Please attach a copy of a VOIDED CHECK;
return to the above address.**

Bank: _____

Account Holders Name: _____

Routing Number: (9 digit number on bottom left of check) _____

Account Number: (To the right of the routing number) _____

Type of Account: (i.e., checking, savings) _____

Total Annual Designation: _____
(Not to Exceed \$200 Single or \$400 Married)

Monthly Payment Amount: _____

Automatic Debit Date: _____
(Once per month, no later than the 20th of the month.)

(All debits must be completed by December 20)

First Debit Date: _____

Please be aware that the school district charges a \$25.00 fee for a debit not honored due to non sufficient funds.

By providing your information and signing this form, you are authorizing Lake Havasu Unified School District #1 to automatically debit your account for the AZ State Public School Extracurricular Activity Tax Credit as outlined above:

Signature: _____ **Date:** _____

Print Name: _____

FOR OFFICIAL USE ONLY: *Date processed:* _____ *Processed by:* _____

Receipt #: _____

Amount: _____



LAKE HAVASU UNIFIED SCHOOL DISTRICT #1

2200 Havasupai Blvd., **Bldg. C**, Lake Havasu City, AZ 86403

Phone: (928) 505-6900, Fax: (928) 505-6999

www.lhusd.org

Extra Curricular Activity Fee Tax Credit

AUTOMATIC PAYMENT PLAN FORM

Tax Year: _____

Name: (Please Print) _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

I hereby pledge a total of: \$ _____ for the current tax year.

(Maximum eligible annual tax credit: \$200 if AZ Income tax filing status is Single, Widowed, or Head of Household; \$400 if AZ Income tax filing status is married, filing jointly.)

Please select your school preference:

- Lake Havasu High School
- Havasupai Elementary
- Oro Grande Classical Academy
- Thunderbolt Middle School
- Jamaica Elementary
- Smoketree Elementary
- Nautilus Elementary
- Starline Elementary

Please check the box of your choice: (Check www.lhusd.org/taxcredit for Preference List)

No Preference (Distributed based on program need.)

OR

Activity Preference: _____

**Must be from approved preference list only.*

If designating Middle School or High School student, complete below:

Student Name: _____ School: _____ Activity: _____ Amt. _____ School YR _____

Student Name: _____ School: _____ Activity: _____ Amt. _____ School YR _____

I authorize LHUSD # 1 to deduct from my account the above designation for the amount I have chosen. I understand **I must request this deduction on an annual basis. An annual receipt for tax purposes will be issued at the beginning of the new tax year.** The above payment, limited to a maximum of \$400.00, is eligible for the Arizona State Income Tax Credit as allowed by A.R.S. §43-1089.01. Please consult with your personal tax preparer to determine the application of this credit.

Please Return Signed/Dated Form to Tax Credit at the LHUSD #1 District Office.

Signature: _____ Date: _____

OFFICIAL USE ONLY:

Deduction will begin on _____ . Contribution rate is \$ _____ .