



LAKE HAVASU UNIFIED SCHOOL DISTRICT #1  
2200 Havasupai Blvd, Building C,  
Lake Havasu City, AZ 86403  
Phone 928-505-6916

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 LHUSD Tax Credit Office at 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 20<sup>th</sup> of the month.)  
**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:** \_\_\_\_\_



LAKE HAVASU UNIFIED SCHOOL DISTRICT #1

2200 Havasupai Blvd, Building C,

Lake Havasu City, AZ 86403

Phone 928-505-6916, Fax 928-505-6999

[www.lhusd.org](http://www.lhusd.org) [taxcredit@lhusd.org](mailto:taxcredit@lhusd.org)

**Extracurricular Activity Fee Tax Credit**

**AUTOMATIC PAYMENT PLAN FORM**

**Tax Year:** \_\_\_\_\_

Name: (Please Print) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby Pledge a total of: \$ \_\_\_\_\_ for the current tax year.

Contributions are **NONREFUNDABLE** and **NONTRANSFERABLE**

**(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](http://www.lhusd.org) for Preference List)*

No Preference - distribute to activities as needed

**OR**

Approved Club/Program \_\_\_\_\_

*\*Must be from approved preference list only.*

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

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Activity: \_\_\_\_\_ Amt.\$ \_\_\_\_\_

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Activity: \_\_\_\_\_ Amt.\$ \_\_\_\_\_

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 LHUSD Tax Credit Office.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY:**

Deduction will begin on \_\_\_\_\_ Contribution rate is \$ \_\_\_\_\_