STUDENT ACCOUNT WITHDRAWAL AUTHORIZATION FORM

Dear MMEDO Officers or School administrative personnel,

This is to notify that in my child's student account there is currently a

balance of $_____.

With the present, I (_____) parent/guardian of

(_____) authorize MMEDO officers to withdraw

$_____from my child student's account to pay for _____.

I understand that after this transaction is complete, my child student's

account will show a balance of $_____

     Date   _____

     Signed   _____