# AUTHORIZATION FORM

**School/Organization Name:**     **St. Paul's Lutheran School**

| FOR OFFICE USE ONLY | STUDENT # | DATE |
|---|---|---|

Effective date of authorization: _____/_____/_____     Name of student: _____

Type of authorization:
- ❑ New authorization
- ❑ Change banking information
- ❑ Change donation amount
- ❑ Discontinue electronic donation
- ❑ Change donation date

| Last Name | First Name |
|---|---|
| Address | |
| City | State | Zip |
| Email | |

**Tuition Payment Plan** (please check one):

❑ 10 Month Plan (Aug.-May)          ❑ 12 Month Plan (June-May)

| **Date of first payment:**<br><br>_____/_____/_____ (mm//dd/yy)<br><br>**Date of last payment** (optional)**:**<br><br>_____/_____/_____ | **Date of monthly payment:**<br>❑ Monthly on the 1st<br>❑ Monthly on the 15th | **Amount of first payment:**     $ _____<br><br>**Amount of ongoing payment:**     $ _____<br><br>**Amount of last payment** (optional)**:**     $ _____ |
|---|---|---|

**CHECKING / SAVINGS**

Please debit payments from my (check one):

❑   Savings Account (contact your financial institution for Routing #)

❑   Checking Account (attach a voided check below)

Routing Number: _____
*Valid Routing # must start with 0, 1, 2, or 3*

Account Number: _____

⑆123456789⑆ 123 123456⑈ 0001

Check Number
Account Number
Routing Number

I authorize the above organization to process debit entries to my account.  I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature:_____     Date:_____

*If using a checking account, please attach a voided check at the bottom of this page.*