

# AUTHORIZATION FORM

School/Organization Name: **Good Shepherd Lutheran School**



<b>FOR OFFICE USE ONLY</b>	<b>STUDENT #:</b>	<b>DATE:</b>
Effective date of authorization: 08/15/2017    Name of student: _____ Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change payment amount <input type="checkbox"/> Discontinue electronic payment <input type="checkbox"/> Change payment date		
Last Name		First Name
Address		
City		State                      Zip
Email		
<b>TUITION PAYMENT PLAN</b> (please check one): <input type="checkbox"/> 12 Month Plan (Sept. through Aug.) <input type="checkbox"/> 9 Month Plan (Sept. through May) <input type="checkbox"/> Starting: _____, Ending: _____		
<b>Date of first payment:</b> ____/____/____  <b>Date of last payment (optional):</b> ____/____/____	<b>Payment frequency:</b> <input type="checkbox"/> Monthly on 5 <sup>th</sup>	<b>Amount of first payment:</b> \$ _____ <b>Amount of ongoing payment:</b> \$ _____ <b>Amount of last payment (optional):</b> \$ _____
<b>CHECKING / SAVINGS</b>	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account 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.**