

# AUTHORIZATION FORM

School Name: Good Shepherd Lutheran Preschool



<b>STUDENT:</b>		<b>CLASS:</b>	
Effective date of authorization: ____/____/____			
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			
Last Name		First Name	
Address			
City		State	Zip
Email			
<b>TUITION PAYMENT PLAN</b> (please check one):			
<input type="checkbox"/> Monthly Plan (Payments as outlined on your Enrollment Agreement)			
<b>Date of first payment:</b> ____/____/____	<b>Payment frequency:</b> <input type="checkbox"/> Monthly on the 10th	<b>Amount of first payment:</b> \$ ____	
<b>Date of last payment</b> (optional): ____/____/____		<b>Amount of ongoing payment:</b> \$ ____	
		<b>Amount of last payment</b> (optional):                      \$ ____	
<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.**