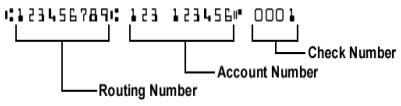


# AUTHORIZATION FORM

School/Organization Name:  Grace Lutheran Church Preschool

FOR OFFICE USE ONLY	STUDENT #	DATE
Effective date of authorization: ____/____/____ Name of student: _____		
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation		
Last Name		First Name
Address		
City		State      Zip
Email		
<b>Tuition Payment Plan</b> (please check one): <input type="checkbox"/> 9 Month Plan (Sept through May) <input type="checkbox"/> 8 Month Plan (Oct through May) <input type="checkbox"/> 7 Month Plan (Nov through May)		
<b>Date of first payment:</b> ____/____/____ (mm//dd/yy)	<b>Date of monthly payment:</b> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup> <input type="checkbox"/>	<b>Amount of first payment:</b> \$ _____ <b>Amount of ongoing payment:</b> \$ _____ <b>Amount of last payment (optional):</b> \$ _____
<b>Date of last payment (optional):</b> ____/____/____		
<b>CHECKING / SAVINGS</b>	Please debit payments from my (check one): <input type="checkbox"/> Savings Account (attach voided deposit slip) <input type="checkbox"/> Checking Account (attach 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: _____

**Please attach voided check or deposit slip at the bottom of this page.**