

**AUTHORIZATION FORM
ST. JOHN LUTHERAN SCHOOL
TO BE USED FOR TUITION,
OPTION 3 ONLY**



FOR OFFICE USE ONLY	ENTERED BY: _____	DATE: _____
Effective date of authorization: ____/____/____ Name(s) of student: _____		
Type of Authorization Form: <input type="checkbox"/> <i>New Authorization</i> <input type="checkbox"/> <i>Change banking information</i> <input type="checkbox"/> <i>Change payment amount</i> <input type="checkbox"/> <i>Discontinue electronic payment</i> <input type="checkbox"/> <i>Change payment date</i>		
Last Name		First Name
Address		
City	State	Zip
Email (Optional)		
TUITION PAYMENT PLAN (please check one):		
<input type="checkbox"/> 10 Month Plan (Aug. - May) <input type="checkbox"/> Other _____		
Date of first payment: ____/____/____ Date of last payment (optional): ____/____/____	Payment frequency: <input type="checkbox"/> Monthly on the 5th <input type="checkbox"/> Monthly on the 20th <input type="checkbox"/> Other _____ * Please note that transaction will process up to 2 days prior.	Total Tuition (K-8): \$ _____ Total Tuition (Pre-K): \$ _____ Amount of Monthly Payment: \$ _____ Registration Fee (One Time): \$ _____ 2% fee \$ _____
CHECKING / SAVINGS	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: _____ Valid Routing # must start with 0, 1, 2, or 3 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. A 2% non-refundable enrollment fee is added to the first of the 10 monthly payments. Authorized Signature: _____ Date: _____	
CREDIT / DEBIT CARD	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
I authorize the above organization to process transactions in accordance with the information above. A 2% non-refundable enrollment fee is added to the first of the 10 monthly payments. Authorized Signature: _____ Date: _____		

