

Electronic Funds Transfer Authorization

AUTHORIZATION FORM

School/Organization Name: Grace Lutheran

DATE: _____/_____/_____		FOR OFFICE USE ONLY:		STUDENT # _____	
Effective date of authorization: _____/_____/_____ Name of student(s): _____					
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					
TUITION PAYMENT PLAN (please check one):					
<input type="checkbox"/> 9 Month Plan (September through May)		<input type="checkbox"/> 10 Month Plan (August through May)		<input type="checkbox"/> 12 Month Plan (July through June)	
Date of first payment: _____/_____/_____		Payment frequency:		Amount of first payment: \$ _____	
Date of last payment (optional): _____/_____/_____		<input type="checkbox"/> Weekly on _____		Amount of ongoing payment: \$ _____	
		<input type="checkbox"/> Monthly on _____		Amount of last payment (optional): \$ _____	
		<input type="checkbox"/> Semi-Monthly (transferred on 1 st and 15 th of each month)			
CHECKING / SAVINGS	Please debit payment from my (check one):			Routing Number: _____	
	<input type="checkbox"/> Savings Account (contact your financial institution for Routing #)			Valid Routing # must start with 0, 1, 2, or 3	
<input type="checkbox"/> Checking Account (staple a voided check below)			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: _____					