

AUTHORIZATION FORM

Shepherd of the Valley Lutheran School



Tuition Payment 10 Month Plan (September - June)		
Last Name	First Name	
Address		
City	State	Zip
Email		
TUITION PAYMENT PLAN (please check one):		
<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semimonthly		
Date of first payment: ____/____/____	Total amount of tuition _____	Amount of each payment: \$ _____
		TOTAL \$ _____
CHECKING / SAVINGS	<p style="color: red;">Please debit my donation from my (check one):</p> <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ <small> ⑆ 23456789 ⑆ 123 123456* 000 ⑆ └─── Routing Number └─── Account Number └─── Check Number </small>
	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