

TUITION AUTO-PAY AUTHORIZATION

Good Shepherd Lutheran Preschool

504760296-41081



FOR OFFICE USE ONLY	STUDENT #:	DATE:
Effective date of authorization: ____/____/____ Name of student: _____		
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"/> 10 Payment Plan (Sept. through June, on the 5 th of each month, ongoing payment) <input type="checkbox"/> Pay-In-Full – Annual Amount		
Date of first payment: ____/____/____ (Preschool ACH Registration) Date of First Ongoing Payment : ____/____/____ Date of Last Ongoing Payment: ____/____/____	Tuition Payment frequency: <input type="checkbox"/> Monthly on the 5th day of the month -- or -- <input type="checkbox"/> One-Time if PAID-IN-FULL amount (for PAID-IN-FULL, please enter payment date here: ____/____/____	(Amount of PS ACH Registration Fee): \$ ____ Amount of ongoing Tuition payment: \$ ____ (Amount of one-time payment) (if using PAID-IN-FULL option) (\$ ____.)
CHECKING / SAVINGS	Please debit payment from my (check one): <input type="checkbox"/> Checking Account (staple a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	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. Authorized Signature: _____ Date: _____	

OFFICE USE:

Vanco Number:

Processing Date: ____/____/____

If using a checking account, please attach a voided check at the bottom of this page.