AUTHORIZATION FORM

GOOD SHEPHERD LUTHERAN SCHOOL
GROW SERVE LEAD EXCEL

School/Organization Name: Good Shepherd Lutheran School

FOR OFFICE USE ONLY	STUDENT #:	DATE:

Effective date of authorization: _____ Name of student: _____

Type of Authorization Form:

- ❑ New Authorization
- ❑ Change payment amount
- ❑ Change payment date
- ❑ Change banking information
- ❑ Discontinue electronic payment

Last Name	First Name	
Address		
City	State	Zip
Email		

TUITION PAYMENT PLAN (please check one):

❑ 12 Month Plan (Sept. through Aug.) ❑ 9 Month Plan (Sept. through May) ❑ Starting: _____, Ending: _____

Date of first payment:	**Payment frequency:**	**Amount of first payment:** $ _____
_____/_____/_____	❑ Monthly on 5th	**Amount of ongoing payment:** $ _____
Date of last payment (optional):		**Amount of last payment** (optional): $ _____
_____/_____/_____		

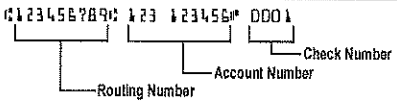
CHECKING / SAVINGS

Please debit payment from my (check one):

- ❑ Savings Account (contact your financial institution for Routing #)
- ❑ 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.

Authorized Signature:_____ Date:_____

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