

# TUITION AUTO-PAY AUTHORIZATION

Good Shepherd Lutheran Preschool

504760296-41081

The Simply Giving® Program

endorsed by



**THRIVENT**  
FEDERAL CREDIT UNION®

<b>FOR OFFICE USE ONLY</b>	<b>STUDENT #:</b> _____	<b>DATE:</b> _____
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 _____		
<b>TUITION PAYMENT PLAN</b> (please check one): <input type="checkbox"/> 10 Payment Plan (Sept. through June, on the 5 <sup>th</sup> of each month, ongoing payment) <input type="checkbox"/> Pay-In-Full – Annual Amount		
<b>Date of first payment:</b> ____/____/____ (Preschool ACH Registration)  <b>Date of First Ongoing Payment :</b> ____/____/____ <b>Date of Last Ongoing Payment:</b> ____/____/____	<b>Tuition Payment frequency:</b> <input type="checkbox"/> <b>Monthly on the 5<sup>th</sup> day of the month</b> -- or -- <input type="checkbox"/> <b>One-Time if PAID-IN-FULL amount</b> (for PAID-IN-FULL, please enter payment date here: ____/____/____	<b>(Amount of PS ACH Registration Fee):</b> \$ _____ <b>Amount of ongoing Tuition payment:</b> \$ _____  <b>(Amount of one-time payment)</b> (\$ _____) (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: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ ⑆ 23456789 ⑆ ⑆ 23 ⑆ 23456789 ⑆ 000 ⑆             Routing Number    Account Number    Check 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.*