

# Trinity Lutheran School Tuition Automatic Withdrawal Form

FOR OFFICE USE ONLY	DATE: _____
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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
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Address \_\_\_\_\_

City	State	Zip
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Please debit payments from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>  Account Number: _____ :123456789: 123 123456 0001 _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Routing Number</span> <span>Account Number</span> </div>
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**Tuition Payment Plan (please check one):**

<b>Date of first payment:</b>  June 2010	<b>Date of monthly payment:</b> <input type="checkbox"/> 10th of the month <input type="checkbox"/> 20th of the month <input type="checkbox"/> 30th of the month <small>(or the last day of February)</small>	Total Annual Family Tuition \$ _____  Divided by # of Monthly Payments <b>12</b>  Amount of monthly payment \$ _____
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If you have selected an automatic deduction date that falls on a weekend or holiday, payments will be deducted on the next business day.

**AGREEMENT**

I authorize the above school and Vanco Services, LLC 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: \_\_\_\_\_

Please attach voided check here.