

# AUTHORIZATION FORM

Hope Lutheran School



<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 Month Plan (August thru May) <input type="checkbox"/> 2 Semester Plan (August & January)		
<b>Date of first payment:</b> ____/____/____		<b>Amount of first payment:</b> \$ ____ <b>Amount of ongoing payment:</b> \$ ____ <b>Amount of last payment (optional):</b> \$ ____
<b>Date of last payment (optional):</b> ____/____/____		
<b>Payment frequency:</b> <input type="checkbox"/> Monthly on the 1st <input type="checkbox"/> Monthly on the 15th		
<b>C H E C K I N G / S A V I N G S</b>	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	
	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  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: _____		
<b>C R E D I T / D E B I T C A R D</b>	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize the above organization to process transactions in accordance with the information above.	
Signature (as it appears on the card): _____ Date: _____		

*If using a checking account, please attach a voided check over the credit/debit card section above.*