



ELECTRONIC TUITION COLLECTION AUTHORIZATION FORM
FOR THE 2018—2019 SCHOOL YEAR

FOR OFFICE USE ONLY	CHURCH ENVELOPE #	DATE
Effective date of authorization: _____		
Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change payment date <input type="checkbox"/> Discontinue electronic tuition collection <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change banking info		
Last Name		First Name
Address		
City		State Zip
Email address		
PLEASE CHOOSE YOUR PAYMENT OPTION:		
Payment Frequency and Schedule: (check only one) <input type="checkbox"/> Monthly – Please circle which day of the month to begin in March 1 st 15 th 28 th <input type="checkbox"/> Bi-Monthly 1 st and 15 th <input type="checkbox"/> Bi-Weekly Starting on Date: _____ Ending on Date: _____ <input type="checkbox"/> One payment Prepaid Tuition due June 30, 2018 <input type="checkbox"/> One payment 3% discounted Tuition due August 22, 2018	Payment Terms and Tuition Rates (FOR SCHOOL USE ONLY) Tuition Due \$ _____ Number of Payments _____ Amount of Each Payment to be deducted from Check or Savings account \$ _____	
C H E C K I N G / S A V I N G S	Please debit my tuition 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) <input type="checkbox"/> Credit Card Information: <input type="checkbox"/> Account Number _____ Expiration Date ____/____/____ * - Please note there is a 3% sur-charge for credit card transactions.	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____
	I authorize the above church and 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: _____	
School Representative Signature Signature: _____ Date: _____		