

# First Lutheran School

## Auto-Withdrawal Form

Name:	Student Name(s):
Home Address, including Street, City, State, and Zip Code:	
Phone:	Alternate Contact:
E-mail Address:	

Withdraw from the following account:

Financial Institution:	Account Number:?	Monthly Withdrawal Amount:	Payment Plan:
	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	\$ _____	<input type="checkbox"/> 9-month <input type="checkbox"/> 12-month

Insert withdrawal to following accounts, in these denominations:

Tuition: \_\_\_\_\_ Daycare: \_\_\_\_\_ Lunch: \_\_\_\_\_ Breakfast: \_\_\_\_\_ Other: \_\_\_\_\_

I authorize First Lutheran Church & School to initiate debits to the above designated financial institutions. This authorization is to remain in full force and effect until I revoke it in writing. By signing this authorization, I understand all of the following:

***I must attach a voided check(s)*** (Not a deposit slip)

I must notify First Lutheran School immediately of any account changes or closures.

Signature:	Date:	Savings Institution's Phone Number:
------------	-------	-------------------------------------

### Cancellation of Automatic Withdrawal

Please cancel the direct deposit authorization with the following financial institution(s):	
Financial Institution(s)	Account Number/USE Member Number

Effective date of cancellation:

Signature:	Date:
------------	-------