

Zion Lutheran School of Wayside



Tuition – Pre-School - 8th grade

FOR OFFICE USE ONLY		FAMILY # :		DATE:							
A Effective date of authorization: ____/____/____ Name(s) of student(s): _____ Type of Authorization Form: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> New Authorization</td> <td><input type="checkbox"/> Change banking information</td> </tr> <tr> <td><input type="checkbox"/> Change payment amount</td> <td><input type="checkbox"/> Discontinue electronic payment</td> </tr> <tr> <td><input type="checkbox"/> Change payment date</td> <td></td> </tr> </table>						<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	
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<input type="checkbox"/> Change payment date											
B Last Name _____			First Name _____								
Address _____											
City _____			State _____		Zip _____						
Email _____											
C TUITION PAYMENT PLAN (please check one): <input type="checkbox"/> 8 Month Plan (Sept. through Apr.) <input type="checkbox"/> 4 Month Plan (Sep., Dec., Mar., June.) <input type="checkbox"/> 2 Month Plan (Sept. and Feb.)											
Date of first payment: ____/____/____ Date of last payment (optional): ____/____/____		Payment frequency: <input type="checkbox"/> Weekly on _____ <input type="checkbox"/> Monthly on _____ <input type="checkbox"/> Semi-Monthly (transferred on 1 st and 15 th of each month)		Amount of first payment: \$ _____ Amount of ongoing payment: \$ _____ Amount of last payment (optional): \$ _____ Total of payments: \$ _____							
D CHECKING / SAVINGS	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: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ *123456789* 123 123456* 0001 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: _____										

If using a checking account, please attach a voided check at the bottom of this page.

Directions:

Please fill in sections A, B & D.
 Use section C to pick stop/start & payment change amount.