

AUTHORIZATION FORM

The **Simply Giving®** Program

endorsed by



THRIVENT
FEDERAL CREDIT UNION®

School/Org Name: **Immanuel Lutheran Wee Care Preschool**

FOR OFFICE USE ONLY	STUDENT #:	DATE:
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		
TUITION PAYMENT PLAN (please check one):		
<input type="checkbox"/> 9 Month Plan (Aug. through Apr.) <input type="checkbox"/> 4 Month Plan (Sep., Nov., Feb., Apr.) <input type="checkbox"/> 2 Month Plan (Oct. 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): \$ _____
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: _____
	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.