

AUTHORIZATION FORM FOR TUITION PAYMENTS

St. Mary's Grade School

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| Effective date of authorization: _____ | | |
| Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change payment date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation | | |
| Last Name | | First Name |
| Address | | |
| City | | State Zip |
| Please debit my payment from my: (check one) <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) | | Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ |
| DATE OF FIRST PAYMENT: ____/____/____ | CIRCLE THE MONTHS PAYMENTS WILL BE WITHDRAWN: JULY AUG SEPT OCT NOV DEC JAN FEB MAR APR MAY JUNE | Total of Payment \$ _____ |
| WITHDRAW PAYMENTS ON: <input type="checkbox"/> 1st of Month <input type="checkbox"/> 15th of Month | | |
| AGREEMENT I authorize the above church and Vanco Services, LLC 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: _____ | | |

Please attach voided check here.