

# AUTHORIZATION FORM FOR TUITION PAYMENTS

## St. Mary's Grade School

Effective date of authorization: _____		
<b>Type of Authorization:</b> <input type="checkbox"/> New Authorization <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change payment date <span style="float: right;"> <input type="checkbox"/> Change banking information  <input type="checkbox"/> Discontinue electronic donation         </span>		
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: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____
<b>DATE OF FIRST PAYMENT:</b> ____ / ____ / ____  <b>WITHDRAW PAYMENTS ON:</b> <input type="checkbox"/> 1st of Month <input type="checkbox"/> 15th of Month	<b>CIRCLE THE MONTHS PAYMENTS WILL BE WITHDRAWN:</b> JULY   AUG   SEPT   OCT NOV   DEC   JAN   FEB MAR   APR   MAY   JUNE	<b>Amount of each payment:</b> _____  <b>Total Payment Amount:</b> _____
<b>AGREEMENT</b> I authorize the above school 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: _____		
<b>When determining the amount of each payment, please remember to take into consideration any prepayments, SCRIP rebates, Parish Assistance or other payments.</b>		

*Please attach voided check here.*