

AUTHORIZATION FORM

CEF Excel in Giving Program

St. Michael Lutheran School

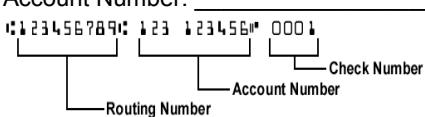
| | | |
|---------------------|------------|-------|
| FOR OFFICE USE ONLY | STUDENT #: | DATE: |
|---------------------|------------|-------|

| | |
|--|------------------------|
| 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 |
|------|-------|-----|

| | |
|--|--|
| Please debit payments 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: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____  |
|--|--|

Tuition Payment Plan (please check one):

12 Month Plan (July thru June)
 9 Month Plan (Sept thru May)
 4 Month Plan (Sept, Nov, Feb, May)

| | | |
|--|--|--|
| Date of first payment: ____/____/____ Date of last payment (optional): ____/____/____ | Date of monthly payment: <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Semi-monthly on the 1 st and 15 th <input type="checkbox"/> Bi-weekly on Fridays <input type="checkbox"/> Weekly on Fridays | Amount of first payment: \$ _____ Amount of ongoing payment: \$ _____ Amount of last payment (optional): \$ _____ |
|--|--|--|

AGREEMENT

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: _____

