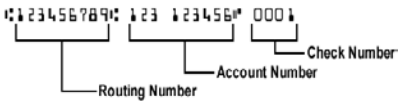


Excel in Giving Authorization Form

As a reminder, all changes, (stop dates, amounts, banking information, overages) must be done in writing by the account holder.

St Michael Lutheran School

20150225

FOR OFFICE USE ONLY	STUDENT #	DATE
Effective date of authorization: ____/____/____ Name of student: _____		
Type of authorization: <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
Email		
Tuition Payment Plan (please check one): <input type="checkbox"/> 9 Month Plan (Sept through May) <input type="checkbox"/> 12 Month Plan		
Date of first payment: ____/____/____ (mm//dd/yy)	Date of 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 & 15 th	Amount of ongoing payment: \$ ____
CHECKING / SAVINGS	Please debit payments from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach 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: _____	

In the event that a payment is returned as unpaid, I understand St. Michael Lutheran School may charge a return item fee, up to the maximum amount allowed by law.

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