## Excel in Giving Authorization Form – St. Michael Lutheran School

Total of amount of monthly payments should equal total tuition due per school year.

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

FO	R OFFICE USE ONLY	STUDENT #	DATE
Effe	ective date of authorization:/	/ Name of student:	<u> </u>
Тур			Change payment amount
Las	t Name		First Name
Add	dress		
City	1		State Zip
Em	ail		
Tuition Payment Plan (please check one):  ☐ 9 Month Plan (Sept through Mayl) ☐ 12 Month Plan			
Date of first payment:/(mm//dd/yy)		Date of payment:  ☐ Monthly on the 1st ☐ Monthly on the 15th ☐ Semi Monthly on the 1st	Amount of ongoing payment: \$  Total amounts of monthly payments should equal total tuition due per school year.
CHECKING / SAVINGS	Please debit payments from my (che  Savings Account (contact your  Checking Account (attach a vo	financial institution for Routing #)	Routing Number:  Valid Routing # must start with 0, 1, 2, or 3  Account Number:  L23 4 5 6 7 8 9 1 2 3 4 2 3 4 5 5 1 000 1  Check Number  Routing Number
СНЕСКІ	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.