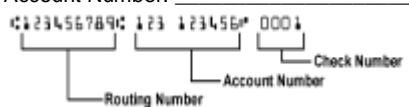# AUTHORIZATION FORM

School/Organization Name: Good Shepherd Lutheran School

Joyful Response®
Electronic Tuition
Payment Program

FOR OFFICE USE ONLY	STUDENT #:	DATE:

Effective date of authorization: _____/_____/_____   Name of student: _____

Type of Authorization Form:
- ❑ New Authorization
- ❑ Change payment amount
- ❑ Change payment date
- ❑ Change banking information
- ❑ Discontinue electronic payment

Last Name	First Name
Address	
City	State	Zip
Email	

TUITION PAYMENT PLAN (please check one):

❑ 10 Month Plan (Sept. through June.)   ❑ 12 Month Plan (Sept. through Aug)

Date of first payment: _____/_____/_____ **Date of last payment** (optional)**:** _____/_____/_____	**Payment frequency:** ❑ Weekly on _____ ❑ Monthly on _____ ❑ Semi-Monthly (transferred on 1st and 15th of each month)	**Amount of first payment:** $ _____ **Amount of ongoing payment:** $ _____ **Amount of last payment** (optional)**:** $ _____

CHECKING / SAVINGS	Please debit payment from my (check one): ❑ Savings Account (contact your financial institution for Routing #) ❑ Checking Account (staple a voided check below)	Routing Number: _____ ***Valid Routing # must start with 0, 1, 2, or 3*** Account Number: _____ ⑆123456789⑆ 123 123456⑈ 0001 └─ Check Number └─ Account Number └─ Routing 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:_____	

Please attach a voided check here.