Automatic Tuition Payment Authorization Form

Complete this section for **ALL ENROLLMENTS** (Please print in black ink)

Check the appropriate box:	Last Name		First Name		M.I.
□ New enrollment / authorization *	Mailing Address				
□ Change in bank account *	City		State		Zip
□ Change in authorized amount	Home Phone		Work Phone		

SCHOOL TUITION PAYMENTS

School Name: Zion Evangelical Lutheran School	Street Address: 3600 South Chicago Avenue	
City: South Milwaukee	State: WI	Zip: 53172

(a) Total annual tuition for all family members $ _____

(b) Number of payments (see below)   _____

(c) **Amount of each payment (a ÷ b)** $ _____

Select payment options:

□ Make payments over 12 months (June-May)

Withdraw payment on the   □ 1st *of the month*   □ 15th *of the month*

□ Make payments over 9 months (Sept-May)

Withdraw payment on the   □ 1st *of the month*   □ 15th *of the month*

Complete this section if you want your payment to come from your **CHECKING OR SAVINGS ACCOUNT**

Donations should be taken from:

□ Checking (attach a voided check)

□ Savings (attach a savings deposit slip)

Routing Number: _____

A valid routing number must start with 0, 1, 2, or 3

Account Number: _____

REQUIRED:

I authorize Zion Lutheran School to automatically withdraw donations from my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate the authorization.

Account Holder Signature: _____

Date: _____

*Attach a voided check or savings deposit slip for a new enrollment or for a change in bank account only

Complete this section if you want your payment to come from your **CREDIT CARD** – *Charged the on 15th of the month*

Please charge my donation to my (check one):   □ Visa   □ MasterCard   □ American Express   □ Discover Card

Credit Card Number:	Validation Code:	Expiration Date:

Name on Card:

Billing Address (if different from above):

REQUIRED:
I authorize Zion Lutheran Church to charge my credit card in accordance with the information above. This authority will remain in effect until I give reasonable notification to terminate the authorization.

Signature (as it appears on the credit card) _____   Date: _____

For Office Use Only: Verifier Initials _____