

Authorization Form

Please fill out highlighted areas.

St. Peter Lutheran School
N2740 French Road
Appleton, WI 54913

Thank-you

The **Simply Giving** Program

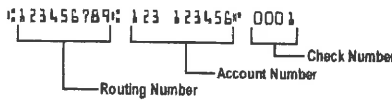
endorsed by

 Thrivent Financial Bank

504746457-02

Date: _____		
Effective date of authorization: _____		
Type of Authorization:		
<input type="radio"/> New Authorization <input type="radio"/> Discontinue Electronic Payment <input type="radio"/> Change Payment Amount <input type="radio"/> Change Payment Date		
Last Name		First Name
Address		
City	State	Zip Code
Email Address		

DATE OF FIRST PAYMENT: ____/____/____	FREQUENCY OF PAYMENT:	<input type="radio"/> Monthly on the 1 st	FUNDS & AMOUNTS:	
		<input type="radio"/> Monthly on the 15 th	<input type="radio"/> Member Tuition \$ _____ <input type="radio"/> Non Member Tuition \$ _____ <input type="radio"/> 3K & 4K Tuition \$ _____ <input type="radio"/> Book/Supply Fee \$ _____ <input type="radio"/> Athletic Fee \$ _____ <input type="radio"/> Field Trip Fee \$ _____	
			Total	\$ _____

Checking or Savings	Please debit my payment from my (check one): <input type="radio"/> Savings Account (contact your financial institution for Routing #) <input type="radio"/> Checking Account (attach voided check below)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> 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: _____	

PLEASE NOTE THE FOLLOWING: If you are using **Option 3** as your payment plan, please fill out the date, name and address, frequency of payment and checking/savings information above and don't forget to sign the bottom. There will be no charge to use this service.

If at all possible, we ask that ALL fees be paid in full on Registration Day.