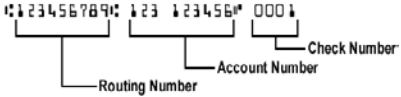


AUTHORIZATION FORM

School/Organization Name: **ST Joseph Church/School**

FOR OFFICE USE ONLY	Family ID #	DATE
Effective date of authorization: ____/____/____ Name of student: _____		
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change tuition amount <input type="checkbox"/> Change tuition date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic tuition		
Last Name		First Name
Address		
City		State Zip
Email		
Tuition Payment Plan (please check one): <input type="checkbox"/> 9 Month Plan (Aug through April) <input type="checkbox"/> 10 Month Plan(Aug through May) <input type="checkbox"/> (Pay in full August)		
Date of first payment: ____/____/____ (mm//dd/yy) Date of last payment (optional): ____/____/____	Date of monthly payment: <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Semi-monthly (1 st & 15 th)	Amount of first payment: \$ ____ Amount of ongoing payment: \$ ____ Amount of last payment (optional): \$ ____
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: _____	

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