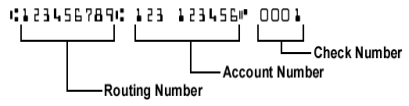


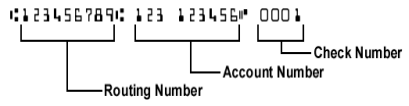
Saint Peter Lutheran School – Recurring Tuition Authorization Form

Student(s) Names			
Effective date of authorization: ____/____/____			
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Same Banking Info as last year (Bank Info is not needed)			
<input type="checkbox"/> Change banking information			
Last Name		First Name	
Address			
City		State	Zip
Email Address			

Payment Amount \$_____ Recurring - Monthly - On the first of the month

Date of first payment: ____/____/____

CHECKING / SAVINGS	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below if a new account)	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 through May 1, 2022 or until I provide reasonable notification to terminate the authorization. Authorized Signature: _____ Date: _____	



Please attach a voided check here. If you filled out an authorization form last year, and there has been no change in your checking account you do not need to attach the voided check.