AUTHORIZATION FORM

School/Organization Name:

Redeemer Lutheran Preschool
1545 Chain Bridge Road, McLean, VA 22101
703-356-3567

The Simply Giving® Program endorsed by THRIVENT FEDERAL CREDIT UNION®

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 PAYMENTS ARE DUE THE FIRST OF EACH MONTH AND ARE NON-REFUNDABLE.

Date of first payment:

_____/_____/_____

Date of last payment (optional)**:**

_____/_____/_____

Payment:

Monthly Tuition Amount: $_____
Payable on the 1st of each month

One Time Authorization
$_____ on ____/___/___

Tuition Deposit Payment

Option 1 $_____ on ____/___/___

Or

Option 2a $_____ on ____/___/___

Option 2b $_____ on ____/___/___

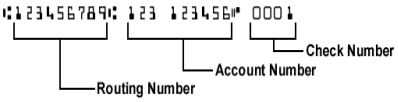
CHECKING / SAVINGS

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: _____



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:_____

CREDIT / DEBIT CARD

Card Brand (check one): ❑ Visa ❑ MasterCard

Card Number:	Expiration Date:
Name on Card:	
Billing Address (if different from above):	

I authorize the above organization to process transactions in accordance with the information above.

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

If using a checking account, please attach a voided check over the credit/debit card section above.