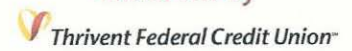


AUTHORIZATION FORM

The **Simply Giving** Program
endorsed by



School/Organization Name: **Living Savior Lutheran Preschool,**
Fairfax Station, VA 22039

FOR OFFICE USE ONLY	STUDENT #:	DATE:
Effective date of authorization: ____/____/____ Name of student: _____		
Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change payment amount <input type="checkbox"/> Discontinue electronic payment <input type="checkbox"/> Change payment date		
Last Name		First Name
Address		
City	State	Zip
Email		
TUITION PAYMENT PLAN (please check one): <input type="checkbox"/> 8 Month Plan (Sep. through Apr.) <input type="checkbox"/> Other _____		
Date of first payment: ____/____/____ Date of last payment (optional): ____/____/____	Payment frequency: <input type="checkbox"/> Monthly on 10th	Amount of first payment: \$ ____ Amount of ongoing payment: \$ ____ Amount of last payment (optional): \$ ____
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)	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.