

# St. Paul's Lutheran School

## Automatic Withdrawal Authorization Form

Student(s) Name(s)		Effective Date							
Last Name		First Name							
Address									
City		State	Zip						
<b>Bank Information</b>									
Please debit payments from my:		Routing Number							
<input type="checkbox"/>	Checking Account	Account Number							
<input type="checkbox"/>	Savings Account	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">: 123454321 :</td> <td style="border: 1px solid black; padding: 2px;">0123454321</td> <td style="border: 1px solid black; padding: 2px;">9999</td> </tr> <tr> <td style="text-align: center; font-size: small; color: green;">Routing Number</td> <td style="text-align: center; font-size: small; color: green;">Account Number</td> <td></td> </tr> </table>		: 123454321 :	0123454321	9999	Routing Number	Account Number	
: 123454321 :	0123454321	9999							
Routing Number	Account Number								
<b>Payment Information</b>									
Withdrawal:            Circle One		Amount of automatic withdrawal							
<input type="checkbox"/>	Monthly    1st    15th	Date of first Payment							
<input type="checkbox"/>	Twice Monthly (1st and 15th)	Date of last Payment*							
<b>AGREEMENT</b>									
I authorize the above school to process debit entries to my account. I understand that any account related charges will be added to my bill. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.									
Authorized Signature:		Date:							

**\*To comply with St. Paul's registration policy, final payment must be made no later than April 1st.**

Please Attach Voided Check Here