

Holy Cross Lutheran School
 Authorization Agreement
 For Direct Withdrawal/ACH Debits

Complete this section for **ALL ENROLLMENTS** for **Spring Registration 2011-12 School Year**

Check the appropriate box: <input type="checkbox"/> New enrollment/authorization <input type="checkbox"/> Change in payment amount <input type="checkbox"/> Change payment date <input type="checkbox"/> Change in banking information <input type="checkbox"/> Discontinue electronic payment	Last Name	First Name
	Address	
	City	State / Zip
	Home Telephone #	Work Telephone #
Payments should be taken from: <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach a savings deposit slip) Routing Number _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number _____	REQUIRED: I authorize Vanco Services, LLC to automatically withdraw donations/payments from my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate the authorization. Account Holder Signature _____ Date _____	
* ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP		

- Privacy/Confidentiality: This Authorization Form is seen by the nonprofit Lutheran organizations enrolled in Simply Giving as well as by the Vanco Services employees who process it. In addition, participant name and address information may be provided to Thrivent Financial for Lutherans. Participant information will not be shared with any other organizations.
- By signing above, I understand that if the scheduled amount is not able to be deducted from the designated account due to insufficient funds, closed account or any other reason, Federal Check Recovery, Inc. will be notified by the bank and will handle the collection of this account. This will result in **charges being assessed to my account which could equal or exceed \$15 for each occurrence**. If the account must be sent to "hard collections", the fees will be even greater.

SCHOOL TUITION PAYMENTS – TO BE COMPLETED BY OFFICE	
Holy Cross Lutheran School	3425 CRESCENT AVENUE – FORT WAYNE – IN - 46805
(a) Total annual tuition for all family members \$ _____ (b) Number of payments (see below) _____ (c) Amount of each payment (a ÷ b) \$ _____ Contact your school for information on: • Payment duration options (up to 10 Months) • Date the first and last payments are due • Date that monthly transaction must occur (5th or 20th of the month)	Date of First Payment _____ Date of Last Payment _____

*** REQUIRED*** MUST BE COMPLETED BY INSTITUTION
 Congregation/Institution Code: 001848717T

Date: _____

Verifier Initials: _____