



Automatic Tuition Payment Authorization Form

Please complete form
and return to
Timothy Lutheran School or
Early Childhood Office

Student's Last Name		First Name		Class/Grade	
Account Holder's Last Name			First Name		M.I.
Mailing Address					
City				State	ZIP Code
Home Telephone #			Work Telephone #		
Email address:					
Check the appropriate box: <input type="checkbox"/> New authorization* <input type="checkbox"/> Change in bank account* <input type="checkbox"/> Change in authorized amount		Payments should be withdrawn from: <input type="checkbox"/> Checking (attach a voided check*) <input type="checkbox"/> Savings (attach a savings deposit slip*) Routing Number _____ (Valid Routing # has 9 digits and must start with 0, 1, 2, or 3) Account Number _____			
* Please attach a voided check or savings deposit slip for a new authorization or change in bank account information.					
Tuition rate \$_____ per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year Amount of each payment \$_____			Payment to be withdrawn: <input type="checkbox"/> Weekly on Monday <input type="checkbox"/> Weekly on Friday <input type="checkbox"/> Monthly on the 5th <input type="checkbox"/> Monthly on the 20th		
Date of First Payment _____ Date of Last Payment _____					
I authorize Timothy Lutheran Church to automatically withdraw payments from my account. I have attached a voided check or authorization from my bank with routing and account number information. This authority will remain in effect until I give reasonable notification to terminate the authorization.					
Account Holder Signature _____ Date _____					