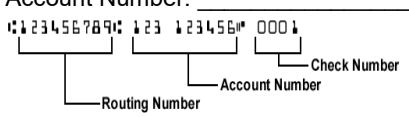




<b>DATE:</b> _____		
Type of Authorization Form:	<input type="checkbox"/> New Authorization <input type="checkbox"/> Change donation amount	
	<input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation	
Parent Last Name	Parent First Name	
Address		
City	State	
Zip		
Email Address		
Student Name	Grade	
<b>TUITION AND SCHOOL FEES:</b>		
	<b>DATE OF FIRST PAYMENT</b>	
	<b>DUE DATE</b>	
<input type="checkbox"/> 1 K-8 Tuition .....	\$ _____ / /	Monthly on the 1 <sup>st</sup> or 15 <sup>th</sup> (July – June )
<input type="checkbox"/> 2 TK Tuition.....	\$ _____ / /	Monthly on the 1 <sup>st</sup> or 15 <sup>th</sup> (September – June)
<input type="checkbox"/> 3 Preschool Tuition.....	\$ _____ / /	Due on the 1 <sup>st</sup> month (September – June)
<input type="checkbox"/> 4 Registration .....	\$ _____ / /	Due January 1 <sup>st</sup> TK-8 / Preschool due with Reg.
<input type="checkbox"/> 5 Extended Care.....	\$ _____ / /	Due on the 1 <sup>st</sup> of the month
<input type="checkbox"/> 6 Other.....	\$ _____ / /	Other _____
<b>Total.....</b>	\$ _____ / /	Memo: _____
<b>SPECIAL CONTRIBUTIONS/DONATIONS:</b> (Tax deductible gifts)		
<input type="checkbox"/> Annual Fund .....	\$ _____	Date of payment _____ / _____ / _____ to _____ / _____ / _____
<input type="checkbox"/> School Donations .....	\$ _____	Date of payment _____ / _____ / _____ to _____ / _____ / _____
<input type="checkbox"/> Other Donation/Offering .....	\$ _____	Date of payment _____ / _____ / _____ to _____ / _____ / _____
Memo _____		
<b>CHECKING / SAVINGS</b>	Please debit my payment/donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> <b>Checking Account (staple a voided check below)</b>	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ 
	I authorize Westchester Lutheran Church & School 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: _____	
<b>CREDIT CARD</b>	Please charge my donation/payment to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	<input type="checkbox"/> Yes, charge an additional 2.75% or 3.5% Amex to defray credit card processing fees. (Optional)	
	Credit Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
I authorize Westchester Lutheran Church & School to charge my credit card in accordance with the information above.		
Signature (as it appears on the credit card): _____ Date: _____		