

AUTHORIZATION FORM

FOR OFFICE USE ONLY	STUDENT #:	DATE:
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Name of school: _____

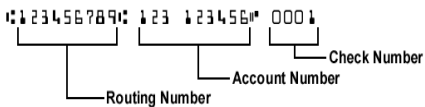
Effective date of authorization: ____/____/____ Name of Student: _____

Type of Authorization Form: New Authorization Change banking information
 Change payment amount Discontinue electronic payment
 Change payment date

Last Name	First Name
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Address

City	State	Zip
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Please debit payments from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ 
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Tuition Payment Plan (please check one):

9 Month Plan (Aug. through Apr.) 4 Month Plan (Sep., Nov., Feb., Apr.) 2 Month Plan (Oct. and Feb.)

Date of first payment: ____/____/____ Date of last payment (optional): ____/____/____	Date of monthly payment: <input type="checkbox"/> Weekly on _____ <input type="checkbox"/> Monthly on _____ <input type="checkbox"/> Semi-Monthly (transferred on 1 st and 15 th of each month)	Amount of first payment: \$ _____ Amount of ongoing payment: \$ _____ Amount of last payment (optional): \$ _____
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AGREEMENT

I authorize the above 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: _____

