

St. John School is pleased to announce the introduction of an electronic option for making your tuition payments. Tuition can now be debited automatically from your checking or savings account. Our new electronic payment program offers convenience for you and provides much needed tuition consistency for our school. There is no cost for you to participate.

In order to participate in the electronic option for tuition payments:

Fill out the attached authorization form and return it to _____ if you would like to set up automatic electronic payments.

If you would like more information on the electronic option for making tuition payments, please fill out and return to _____

Name: _____

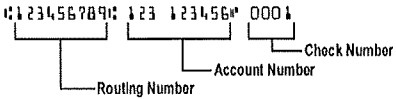
Email address or mailing address:

Phone number: _____

If you have a specific question, please list below:

AUTHORIZATION FORM

School/Organization Name: St. John Lutheran School

FOR OFFICE USE ONLY	STUDENT #	DATE
Effective date of authorization: ____/____/____ Name of student: _____		
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation		
Last Name		First Name
Address		
City		State Zip
Email		
Tuition Payment Plan (please check one): <input type="checkbox"/> 9 Month Plan (Aug through April) <input type="checkbox"/> 4 Month Plan (Sep, Nov, Feb, April) <input type="checkbox"/> 2 Month Plan (October & February)		
Date of first payment: ____/____/____ (mm/dd/yy) Date of last payment (optional): ____/____/____	Date of monthly payment: <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Monthly on the ____	Amount of first payment: \$ ____ Amount of ongoing payment: \$ ____ Amount of last payment (optional): \$ ____
CHECKING / SAVINGS	Please debit payments from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ 
	I authorize the above organization 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: _____

If using a checking account, please attach a voided check at the bottom of this page.