AUTHORIZATION FORM

The Simply Giving Program endorsed by Thrivent Financial Bank

FOR OFFICE USE ONLY	STUDENT #:	DATE:

Name of school: Trinity Lutheran School Cedar Rapids, IA

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

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

Last Name	First Name	
Address		
City	State	Zip

TUITION PAYMENT PLAN (please check one):

❑ 10Month Plan (Aug. through May ❑ 4 Month Plan (Sep., Nov., Feb., Apr.) ❑ One-time payment

Date of first payment:
_____/_____/_____

Date of last payment (optional):
_____/_____/_____

Date of monthly payment:
- ❑ Weekly on _____
- ❑ Monthly on _____
- ❑ Semi-Monthly Dates _____ & _____

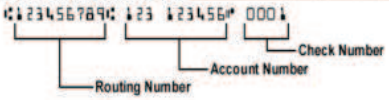
Amount of first payment: $ _____
Amount of ongoing payment: $ _____
Amount of last payment (optional): $ _____

CHECKING / SAVINGS

Please debit payment from my (check one):
- ❑ Savings Account (contact your financial institution for Routing #)
- ❑ Checking Account (staple a voided check below)

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____



I authorize the above school and Vanco Services, LLC 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: _____

CREDIT CARD

Please charge my payments to my (check one): ❑ Visa ❑ MasterCard ❑ American Express ❑ Discover Card

Credit Card Number:	Expiration Date:
Name on Card:	
Billing Address (if different from above):	

I authorize the above school and Vanco Services, LLC to charge my credit card in accordance with the information above.

Signature (as it appears on the credit card): _____ Date: _____

Please staple voided check over credit card section above if using checking account.