

AUTHORIZATION FORM

FOR OFFICE USE ONLY	STUDENT #:	DATE:
---------------------	------------	-------

Name of school: _____

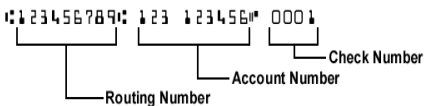
Effective date of authorization: ____/____/____ Name of Student: _____

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

Last Name	First Name
-----------	------------

Address

City	State	Zip
------	-------	-----

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

10 Month Tuition Payment Plan (August through May)

12 Month Tuition Payment Plan (June through May)

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): \$ _____
--	--	---

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: _____

