

AUTHORIZATION FORM

The **Simply Giving**® Program
endorsed by



School/Organization Name: **CALIFORNIA LUTHERAN HIGH SCHOOL**

FOR OFFICE USE ONLY		STUDENT #:	DATE:
Effective date of authorization: ____/____/____ Name of student: _____			
Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change payment amount <input type="checkbox"/> Discontinue electronic payment <input type="checkbox"/> Change payment date			
Last Name		First Name	
Address			
City		State	Zip
Email			
TUITION PAYMENT PLAN (please check one): <input type="checkbox"/> 10 Month Plan (Aug. through May) <input type="checkbox"/> 4 Month Plan (Aug., Oct., Jan., March) <input type="checkbox"/> 2 Month Plan (Aug. and Jan.)			
Date of first payment: ____/____/____ Date of last payment (optional): ____/____/____		Payment frequency: <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): \$ _____	
CHECKING / SAVINGS	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)		Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ ⑆ 123456789⑆ 123 123456⑆ 000⑆ Routing Number Account Number Check 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.