



## ACH DIRECT CREDIT/DEBIT AUTHORIZATION

I (we) hereby authorize Good Shepherd Lutheran School to initiate entries to my (our) checking/savings accounts at the financial institution listed below, and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Good Shepherd Lutheran School is notified by me (us) in writing to cancel it in such time as to afford Good Shepherd Lutheran School and the financial institution a reasonable opportunity to act on it.

- First and Last month tuition payment: \$ \_\_\_\_\_
- Monthly tuition processed on the 1<sup>st</sup>, Oct through April: \$ \_\_\_\_\_  
Oct: \_\_\_\_ Nov: \_\_\_\_ Dec: \_\_\_\_ Jan: \_\_\_\_ Feb: \_\_\_\_ Mar: \_\_\_\_ Apr: \_\_\_\_
- Other \_\_\_\_\_ \$ \_\_\_\_\_

STUDENT(S) NAME: \_\_\_\_\_

NAME OF FINANCIAL INSTITUTION: \_\_\_\_\_

ADDRESS OF FINANCIAL INSTITUTION: \_\_\_\_\_

NAME ON ACCOUNT: \_\_\_\_\_ ACCOUNT TYPE: Checking \_\_\_ Savings \_\_\_

ROUTING NUMBER: \_\_\_\_\_ CHECKING/SAVINGS ACCOUNT NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

BILLING ADDRESS, IF DIFFERENT FROM TUITION BILLING ADDRESS: \_\_\_\_\_

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**STAPLE A VOIDED CHECK TO THIS FORM AND RETURN TO THE SCHOOL OFFICE.**