

# AUTHORIZATION FORM



Organization Name: **GOOD SHEPHERD LUTHERAN PRESCHOOL**

<b>PLEASE COMPLETE ALL FIELDS</b>		
Name of child: _____		
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change banking information		
Last Name	First Name	
Address		
City	State	Zip
Email		
Date of first payment: ____ / ____ / ____ (mm/dd/yy)	Frequency of payment: X Monthly on the 5th	Amount of monthly payment: \$ _____
Date of last payment: __05__ / __05__ / __19__		
<b>CHECKING / SAVINGS</b>	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: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ <div style="font-size: small; margin-top: 5px;"> </div>
	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.***