

AUTHORIZATION FORM



St. Barnabas United Methodist Church Early Education Center

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		Phone
TUITION PAYMENT PLAN (please check one): <input type="checkbox"/> 9 Month Plan (Sept. through May) <input type="checkbox"/> 4 Month Plan (Sep., Nov., Feb., Apr.) <input type="checkbox"/> 2 Month Plan (Sept. and Jan.)		
Date of first payment: ____/____/____ Date of last payment (optional): ____/____/____	Payment frequency: <input type="checkbox"/> Monthly on _____	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	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account 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: _____	
CREDIT / DEBIT CARD 3% Fee added to tuition payment	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize the above organization to process transactions in accordance with the information above. Signature (as it appears on the card): _____ Date: _____	