# AUTHORIZATION FORM

The **Simply Giving®** Program
endorsed by
THRIVENT
FEDERAL CREDIT UNION®

**School/Organization Name: CLC Preschool**

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

Effective date of authorization: _____/_____/_____ Name of student: _____

Type of Authorization Form:

- ❑ New Authorization
- ❑ Change payment amount
- ❑ Change payment date
- ❑ Change banking information
- ❑ Discontinue electronic payment

| Last Name | First Name | |
|---|---|---|
| Address | | |
| City | State | Zip |
| Email | | |

**TUITION PAYMENT PLAN**

❑ 10 Month Plan (Sept. through June)

| **Date of first payment:** | **Payment frequency:** | **Amount of first payment:** $ _____ |
|---|---|---|
| ____/____/____ | ❑ Weekly on _____ | **Amount of ongoing payment:** $ _____ |
| **Date of last payment** (optional): | ❑ Monthly on _____ | **Amount of last payment** (optional): $ _____ |
| ____/____/____ | ❑ Semi-Monthly (transferred on 1st and 15th of each month) | |

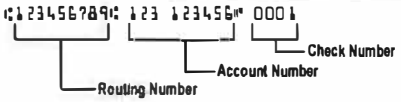
**CHECKING / SAVINGS**

Please debit payment from my (check one):

- ❑ Savings Account (contact your financial institution for Routing #)
- ❑ Checking Account (staple a voided check below)

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:_____

***If using a checking account, please attach a voided check at the bottom of this page.***