

# AUTHORIZATION FORM

FOR OFFICE USE ONLY	STUDENT #:	DATE:
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**Name of school:** \_\_\_\_\_

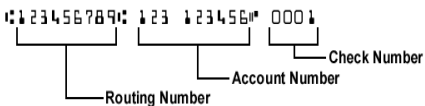
Effective date of authorization: \_\_\_\_/\_\_\_\_/\_\_\_\_      Name of Student: \_\_\_\_\_

Type of Authorization Form:     New Authorization

Last Name	First Name
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Address

City	State	Zip
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Please debit payments from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ 
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**10 Month Tuition Payment Plan** (August through May)

**12 Month Tuition Payment Plan** (June through May)

<b>Date of first payment:</b> ____/____/____  <b>Date of last payment</b> ____/____/____	<b>Date of monthly payment:</b> <input type="checkbox"/> Weekly on _____ <input type="checkbox"/> Monthly on _____ <input type="checkbox"/> Semi-Monthly (transferred on 1 <sup>st</sup> and 15 <sup>th</sup> of each month)	<b>Amount of first payment:</b> \$ _____
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**AGREEMENT**

I authorize the above school 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: \_\_\_\_\_

