

AUTHORIZATION FORM

The **Simply Giving**® Program
 endorsed by
 Thrivent Financial Bank®

FOR OFFICE USE ONLY	STUDENT #:	DATE:
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Name of school: _____

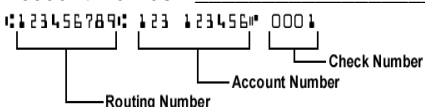
Effective date of authorization: ____/____/____ Name of Student: _____

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: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 
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10 Month Tuition Payment Plan (August through May)

12 Month Tuition Payment Plan (June through May)

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

