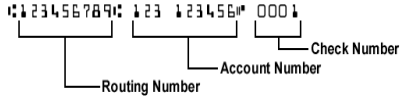


AUTHORIZATION FORM

School/Organization Name: LITTLE FLOWER CATHOLIC SCHOOL

ES9169

FOR OFFICE USE ONLY	STUDENT #	DATE
Effective date of authorization: ____/____/____ Name of student: _____		
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change payment date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic payment		
Last Name		First Name
Address		
City		State Zip
Email		
Tuition Payment Plan <input type="checkbox"/> Tuition/Pre K <input type="checkbox"/> Registration <input type="checkbox"/> Resource Fee <input type="checkbox"/> Book Fee <input type="checkbox"/> 10 Month Aug - May <input type="checkbox"/> Other		
Date of first payment: ____/____/____ (mm//dd/yy) Date of last payment (optional): ____/____/____	Date of monthly payment: <input type="checkbox"/> Monthly on the 5 th <input type="checkbox"/> Monthly on the 20 th <input type="checkbox"/> One time on the ____	Amount of first payment: \$ _____ Amount of ongoing payment: \$ _____ Amount of last payment (optional): \$ _____
CHECKING / SAVINGS	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: _____ 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	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: _____		

If using a checking account, please attach a voided check over the credit/debit card section above.