2021-2022 AUTHORIZATION FORM

The Simply Giving® Program endorsed by Thrivent Federal Credit Union®

School/Organization Name: Holy Trinity Lutheran School

Effective date of authorization: _____/_____/_____ Name of student(s): _____

Type of Authorization Form:
- ❑ New Authorization
- ❑ Change payment amount
- ❑ Change payment date
- ❑ Change banking information
- ❑ Discontinue electronic payment as of ____/ _____/_____

Last Name	First Name	
Address		
City	State	Zip
Email		

Payment Plan for:
- ❑ Tuition Only — Grade(s) _____ & Schedule _____
- ❑ Tuition & Extended Care — Grade(s)_____ & Schedule_____

TUITION PAYMENT PLAN (please check one): Tuition must be paid in full by the end of the school year.

- ❑ 9 Month Plan
- ❑ 10 Month Plan
- ❑ 12 Month Plan (May through April)

Date of first payment:
_____/_____/_____

Date of last payment:
_____/_____/_____

Payment frequency:
- ❑ Weekly on _____
- ❑ Monthly on _____
- ❑ Semi-Monthly (transferred on 1st and 15th of each month)

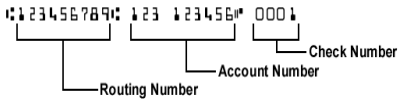
Amount of first payment: $ _____
Amount of ongoing payment: $ _____
Amount of last payment: $ _____
Total of tuition payments $ _____

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. (We do not need a new check if it is the same account as last year.)