St. John's Lutheran School

Empowering. Enlightening. Enriching.

Electronic Funds Transfer Authorization

(Electronic Funds Transfer required for all monthly payment plans)

Office Use Only	EFT form Received _____

Indicate Form Type: (Check all that apply)

☐ New Authorization ☐ Change payment amount
☐ Change bank info ☐ Change Payment date

STUDENT INFORMATION

Student's Name(s) _____
Last First (list all in this payment plan)

BANK ACCOUNT INFO

☐ Checking Account (attach a voided check below)
☐ Savings Account (contact your financial institution for Routing #)

Bank Name: _____

Routing Number: _____ Account number: _____

Account title/holder: _____ _____
Name Phone Number

_____
Address

_____
City, State Zip

TUITION PAYMENT

Choose payment amount ☐ Statement amount ☐ $ Amount: _____
(prior approval required if less than regular statement amount)

Choose transfer date ☐ 15th of every month ☐ Other transfer date: _____
(prior approval required if requestion later than the 21st of every month)

EAGLES NEST PAYMENT

Choose payment amount ☐ Statement amount ☐ $ Amount: _____
(prior approval required if less than regular monthly payment)

Choose transfer date ☐ 15th of every month ☐ Other transfer date: _____
(prior approval required if requesting later than the 21st of every month)

EDUCATION FEES

Education Fees may be paid in installments for the upcoming school year starting in June; all education fees must be paid in full by September 29th of the current school year - at least one payment must be made on or prior to August 15th.

Please choose ed fee payment options:

Number of payments: **1 2 3 4** (circle one)

Choose payment date:
☐ 15th each month or,
☐ Alternate day of mo.: _____

Monthly payment Amount: _____

Final payment amount: _____

Please attach voided check here if you are signing up for Electronic Funds Transfer for the first time.

I authorize the above school to process debit entries to my account. I understand that this authority will remain in effect until 5-31-18 or I provide written notification to terminate the authorization. If electronic funds transfer is returned/declined for any reason, you will be charged a $25 NSF fee and this agreement will terminate.

Signature: _____ Date _____