

Word of Life Lutheran School
Tuition Payment Option
2018 – 2019

Option 1: Enroll in Simply Giving automatic payment program.

Tuition will automatically be withdrawn from your checking or savings account in 12 monthly payments beginning in August of 2018 with the last payment in July of 2019.

Each returned automatic withdrawal will be assessed a \$30.00 fee.

Option 2: Pay tuition in full by August 15, 2018 directly to the school office.

Payment options can include cash, money order or a cashier's check. A 2% discount calculated from the family responsibility will be applied for tuition only.

Please Circle your tuition option choice above, sign below and return this form to the school office.

Parent(s) Signature

Date

AUTHORIZATION FORM

Word of Life Lutheran School
 6535 Eichelberger
 St. Louis, Missouri 63109
 314/832-1244



Date:	STUDENTS NAME:	
Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change payment amount <input type="checkbox"/> Discontinue electronic payment <input type="checkbox"/> Change payment date		
Last Name	First Name	
Address		
City	State	Zip
Email		
TUITION PAYMENT PLAN (please check one): <input type="checkbox"/> 12 Month Plan (August 2018 – July 2019)		
Date of first payment: ____/____/____ Date of last payment : ____/____/____	Payment frequency: <input type="checkbox"/> Monthly on 5 th , 10 th , 15 th or 20 th <input type="checkbox"/> Twice a Month on the 5 th & 15 th or 10 th & 20 th	Amount of payment: (Office Only) \$ _____
CHECKING / SAVINGS	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> 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.