

# AUTHORIZATION FORM

The **Simply Giving®** Program

endorsed by



**THRIVENT**  
FEDERAL CREDIT UNION®

School/Organization Name: \_\_JOYFUL MISSION PRESCHOOL\_\_

<b>FOR OFFICE USE ONLY</b>	<b>STUDENT #:</b>	<b>DATE:</b>
Effective date of authorization: ____/____/____    Name of student: _____		
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		
<b>TUITION PAYMENT PLAN</b> (please check one):		
<input type="checkbox"/> 8 Month Plan (Sept. through Apr. - Monthly)		
<b>Date of first payment:</b> ____/____/____	<b>Payment frequency:</b> <input type="checkbox"/> Monthly on _____ <input type="checkbox"/> Semi-Monthly (transferred on 1 <sup>st</sup> and 15 <sup>th</sup> of each month)	<b>Amount of first payment:</b> \$ _____ <b>Amount of ongoing payment:</b> \$ _____ <b>Amount of last payment (optional):</b> \$ _____
<b>Date of last payment (optional):</b> ____/____/____		
<b>CHECKING / SAVINGS</b>	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: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  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.*