

2018-2019

Automatic Withdrawal Authorization Form

(Only one withdrawal authorization Form is needed per family)

Name of School: Our Savior's Lutheran Church and Preschool

Effective Date: September 1, 2018 through June 15, 2019

Name of Parent: _____

Address: _____

City: _____ State: _____ Zip code: _____

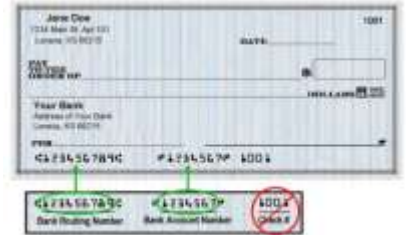
Checking account w/void check Name on check: _____

Checking account

Routing Number: _____

(Valid routing number must start with 0, 1, 2, or 3)

Account Number: _____



Withdrawal to be taken on on: Please circle choice:

1st of the month or 15th of the month.

Agreement: **I authorize the above school and Vanco Services, LLC** 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: _____

(The Simply Giving Program endorsed by Thrivent Financial Bank)

Please read and fill out the information below very carefully

	Child's Name	Child's Class	Monthly Tuition	Other class child is enrolled	Other class Monthly Tuition	Monthly Donation to support OSLCP	Total Monthly Tuition
1							
2							
3							
4							

