

**AUTHORIZATION FORM FOR
AUTOMATIC MONTHLY/YEARLY PAYMENTS**

Loving Savior School

Effective date of authorization: ___/___/___

Student's Name

Last Name	First Name	
Address		
City	State	Zip
Email		

First Auto Payment: ___/___/___

Frequency of Payment:
Monthly/Yearly on _____ (1st – 6th)

Amount withdrawn: \$ _____

Checking Savings

Name on Account _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



I authorize a \$10.00 to be charged to my account for setup for this year

I authorize the above amount to be charged to my account monthly.

I authorize an annual payment for \$ _____ to be taken from the account, date, and frequency listed above.

By signing this form, I understand:

- I may revoke this form at any time by contacting Loving Savior Lutheran School.
- I can request a statement at any time.

Signature: _____ Date: _____