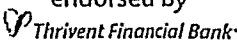


AUTHORIZATION FORM

The **Simply Giving** Program
 endorsed by
 Thrivent Financial Bank

FOR OFFICE USE ONLY	STUDENT #:	DATE:
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Emmaus Evangelical Lutheran School

Effective date of authorization: ____/____/____ Name of Student: _____

Type of Authorization Form: New Authorization Change banking information
 Change payment amount Discontinue electronic payment
 Change payment date

Last Name	First Name
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Address

City	State	Zip
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Please debit payments from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ ⑆ 123456789⑆ 123 123456⑆ 0001 <div style="display: flex; justify-content: space-around; font-size: small;"> Routing Number Account Number Check Number </div>
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Tuition Payment Plan:
 : Month Plan (August – May)

Date of first payment: ____/____/____	Date of monthly payment: <input checked="" type="checkbox"/> Monthly on the 10 th	Amount of first payment: \$ _____
Date of last payment (optional): ____/____/____		Amount of ongoing payment: \$ _____
		Amount of last payment (optional): \$ _____

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: _____

