

AUTHORIZATION FORM

St. Boniface

ES13521 Tuition

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
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Effective date of authorization: _____

Type of Authorization:

<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change credit card information
<input type="checkbox"/> Change payment amount	<input type="checkbox"/> Discontinue electronic payment
<input type="checkbox"/> Change payment date	

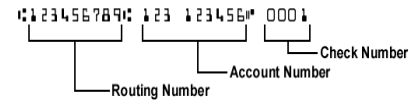
Last Name	First Name
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Address

City	State	Zip
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Email Address

DATE OF FIRST PAYMENT: ____/____/____	FREQUENCY OF PAYMENT: (check only one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> One-time <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	FUNDS AND AMOUNTS: <input type="checkbox"/> Regular Tuition \$ _____ <input type="checkbox"/> Preschool Tuition \$ _____ <input type="checkbox"/> Regular Registration \$ _____ <input type="checkbox"/> Preschool Registration \$ _____ <input type="checkbox"/> Extended Daycare \$ _____ <p style="text-align: right;">Total \$ _____</p>
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CHECKING / SAVINGS	Please debit my payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 
	I authorize the above organization and Vanco Services 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: _____	

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Authorized Signature: _____ Date: _____

CREDIT CARD	Please charge my payment to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card
	Credit Card Number: _____ Expiration Date: _____
	Name on Card: _____
	Billing Address (if different from above): _____
	I authorize the above organization and Vanco Services to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____