

AUTHORIZATION FORM

Emmanuel Episcopal Day School
ES14227

FOR OFFICE USE ONLY	STUDENT #	DATE
Effective date of authorization: ____/____/____ Student Name: _____		
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change payment amount <input type="checkbox"/> Discontinue electronic donation <input type="checkbox"/> Change payment date		
Last Name	First Name	
Address		
City	State	Zip
Email		
Date of first payment: ____/____/____ (mm/dd/yy)	Frequency of payment: (please check only one) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 5 th	Tuition Payment Amount \$ _____
CHECKING / SAVINGS	Please debit payments 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: _____ ⑈123456789⑈ 123 123456⑈ 000⑈ └────────────────────────────────┘ └──────────────────┘ └──────────┘ Routing Number Account Number Check 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.