

AUTHORIZATION FORM

The Simply Giving® Program
endorsed by



THRIVENT
FEDERAL CREDIT UNION

School/Organization Name: Riverview Lutheran School I

Complete only this section!

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FOR OFFICE USE ONLY		DATE: _____
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Effective date of authorization: ____/____/____

Payment Type: Direct Debit _____ Credit Card: _____

Type of Authorization Form:

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

Last Name	First Name	
Address		
City	State	Zip
Email		

10 MONTH PAYMENT PLAN (July through April):

1st of the month
 15th of the month
 other

Date of first payment: ____/____/____	<input type="checkbox"/> By selecting this box, I am giving my permission for Riverview Lutheran Church and School to accept email permission to withdraw funds from my checking account or credit card to cover costs other than tuition. (Such as ASC, WAR, Athletic fees, Hot Lunch fees etc.).	School Fees: \$ _____
Date of last payment: ____/____/____		Total Fees: \$ _____
		Total divided by 10 payments: \$ _____ (First payment due at registration)
		Other Fees: \$ _____
		Amount of First Payment: \$ _____
		Amount of Ongoing Monthly Payments: \$ _____

CHECKING / SAVINGS	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ ⑆ 234567890 123 456789 0001 └─── 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: _____		