

AUTHORIZATION FORM

MAYER LUTHERAN HIGH SCHOOL 305 5TH ST NE, MAYER, MN 55360		
Effective date of authorization:		Name of Student(s):
Type of Authorization Form: <input type="checkbox"/> New authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change payment date <input type="checkbox"/> Discontinue electronic payment	Last Name	First Name
	Address	
	City	
	Contact Phone #	Other Phone Contact:
	Please debit payment from my (check one): <input type="checkbox"/> Checking (please provide your routing & acct number below) <input type="checkbox"/> Savings (contact your financial institution for Routing #) Routing Number _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number _____	
TUITION PAYMENT PLAN		
Tuition amount for all family members: \$	Date of first payment:	
Number of payments:	Date of last payment:	
Amount of each payment: \$		

CREDIT CARD (please note: a 4% fee will be added to the amount above if paying by credit card)		
Please charge my payments to (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Card		
Credit Card Number:	Expiration Date:	3 digit code on back of card
Billing Address (if different from above):		
I authorize Mayer Lutheran High School to charge my credit card in accordance with the information above.		
Signature (as it appears on the credit card): _____		Date _____