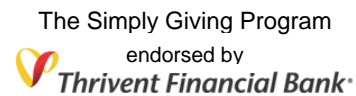


AUTHORIZATION FORM



MAYER LUTHERAN HIGH SCHOOL 305 5TH ST NE, MAYER, MN 55360		2011-12 SCHOOL YEAR	
Effective date of authorization: __08__/_01__/_2011__		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 _____		State _____	Zip _____
Home Telephone # _____		Work Telephone # _____	
Please debit payment from my (check one): <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (contact your financial institution for Routing #) Routing Number _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number _____	REQUIRED: I authorize Mayer Lutheran High 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 _____		
TUITION PAYMENT PLAN (please check one): <input type="checkbox"/> 10 Month Plan (Aug. through May) <input type="checkbox"/> 12 Month Plan (Aug. through July) <input type="checkbox"/> 4 Month Plan (Aug., Nov., Jan., April) <input type="checkbox"/> Semi-Annual Plan (Aug. and Jan.) <input type="checkbox"/> Annual Plan (Aug.)			
Amount for all family members: \$ _____ Number of payments: _____ Amount of each payment: \$ _____	Date of first payment: _____ Date of last payment: _____		

CREDIT CARD (please note that if you want your tuition payments made by credit card a 3% fee will be added to the amount)		
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: _____	
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 _____

Please staple voided check over credit card section above if using checking account.