



2024-2025 Electronic Tuition Payment Form – Immanuel Lutheran School

Complete one form per family to begin or change your tuition payment for 2024-2025. Your payments will be made automatically from your bank account or charged to the card on file.

Parent Last Name

Student Last Name, if different

Parent First Name

Email Address

Tuition Total \$ _____

Deposit Paid \$ _____

Balance \$ _____

Monthly Semi-Monthly

Payment Amount \$ _____

3% Service Fee (if applicable) \$ _____
(Credit or Debit Card Only)

Total Payment Amount \$ _____

SELECT ONLY ONE, BANK OR CARD (Note that a 3% processing fee will be added to card transaction)

Bank Information

Account Type: Checking Savings

Routing Number: _____

Account Number: _____

**** PLEASE ATTACH A COPY OF A VOIDED CHECK IF SELECTING CHECKING ACCOUNT ****

Card Information

Account Type: Credit Card Debit Card

Account Number: _____ Expiration Date: ____/____

Name On Card: _____

Same address as Student Record, Complete below if different

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

___ Monthly July 1st to April 1st

___ Monthly July 15th to April 15th

___ Semi-Monthly July 1st and 15th to April 1st and 15th

I authorize Immanuel Lutheran to process debit entries from my bank account or charge my card as indicated above. This authority will remain in effect until I give reasonable notification to terminate this authorization or until the balance due is aid in full.

Authorized Signature for Account

Date