



## 2023-2024 Electronic Tuition Payment Form – Immanuel Lutheran School

Complete one form per family to begin or change your tuition payment for 2023-2024. Your payments will be made automatically from your bank account or charged to the card on file.

Parent Last Name \_\_\_\_\_ Parent First Name \_\_\_\_\_ Email Address \_\_\_\_\_

Tuition Total \$ \_\_\_\_\_ Payments \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_

Divided up to 10 months \$ \_\_\_\_\_

3% Service Fee (if applicable) \$ \_\_\_\_\_ Total Payment Amount \$ \_\_\_\_\_  
(Credit or Debit Card Only)

### 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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_ Monthly on the 1<sup>st</sup>      \_\_\_ Monthly on the 15<sup>th</sup>      \_\_\_ Semi-Monthly (1<sup>st</sup> and 15<sup>th</sup>)  
*Half of each month's transfer amount*

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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 last specified payment date.

Authorized Signature for Account \_\_\_\_\_

Date \_\_\_\_\_