Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of a payment processing system that allows on-time payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize Immanuel Lutheran School to initiate credit card charges to the below credit card account (Section A) OR, initiate debit entries to my (our) Checking or Savings Account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

This form will be used to accept payment(s) for school sports, clubs, late fees, library books, cafeteria account payments and more.

Cardholder Name			F	Phone #			
Cardholder Address	С	ity			State	Zip	
Account Number				Expiration Date		CCV	
Cardholder Signature			[Date			
SECTION B (Bank Account)							
Your Name			I	Phone #			
Address		City			State		Zip
Bank or Credit Union Name							
Bank or Credit Union Address	City		State	Zip		Checking	Savings

For Official Use Only

Routing Transit Number (see sample below)

SECTION A (Credit or Debit Card)

Date Received

Employee Signature



Account Number (see sample below)

