



Tuition Authorization Form

Last Name	First Name	Middle Initial	
Mailing Address	City	State	Zip Code
Home/Cell Telephone Number		Home E-mail address	
Check the appropriate box: <input type="checkbox"/> New enrollment/authorization <input type="checkbox"/> Change in authorized amount <input type="checkbox"/> Change in account			
Payments should be taken from: <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach a savings deposit slip) Routing Number: (between these symbols I: I:) _____ Account Number: _____			
I authorize St. Matthew Lutheran School to automatically withdraw payments from my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate the authorization. Authorization Signature: _____ Date: _____			

Name of Institution Receiving Tuition Payment		Street Address	
St. Matthew Lutheran School		2040 S. Commerce Road	
City	State	Zip Code	
Walled Lake	MI	48390	
Total annual tuition for all family members: \$ _____ Divided by number of monthly payments (see below) _____		Date of first payment: _____	
Amount of each monthly payment \$ _____ Please contact your school for information on:		Date of last Payment: _____	
<ul style="list-style-type: none"> ■ Payment duration options ■ Date the first and last payments are due ■ Date during each month that the transactions will occur ■ Student's school tuition number 		Student's Tuition Number: _____	

Attach a voided check or savings deposit slip: