

# AUTHORIZATION FORM

FOR OFFICE USE ONLY	STUDENT #:	DATE:
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Name of school: \_\_\_\_\_

Effective date of authorization: \_\_\_\_/\_\_\_\_/\_\_\_\_      Name of Student: \_\_\_\_\_

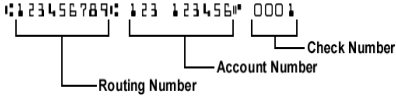
Type of Authorization Form:     New Authorization                       Change banking information  
     Change payment amount                       Discontinue electronic payment  
     Change payment date

Last Name	First Name	
Address		
City	State	Zip

**TUITION PAYMENT PLAN** (please check one):

9 Month Plan (Aug. through Apr.)     4 Month Plan (Sep., Nov., Feb., Apr.)     2 Month Plan (Oct. and Feb.)

<b>Date of first payment:</b> ____/____/____  <b>Date of last payment</b> (optional): ____/____/____	<b>Date of monthly payment:</b> <input type="checkbox"/> Weekly on _____ <input type="checkbox"/> Monthly on _____ <input type="checkbox"/> Semi-Monthly (transferred on 1 <sup>st</sup> and 15 <sup>th</sup> of each month)	<b>Amount of first payment:</b> \$ _____ <b>Amount of ongoing payment:</b> \$ _____ <b>Amount of last payment</b> (optional):                      \$ _____
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<b>CHECKING / SAVINGS</b>	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>  Account Number: _____ 
I authorize the above 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: _____		

<b>CREDIT CARD</b>	Please charge my payments to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card
Credit Card Number: _____      Expiration Date: _____	
Name on Card: _____	
Billing Address (if different from above): _____	
I authorize the above school and Vanco Services, LLC 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.**