

# AUTHORIZATION FORM

The Simply Giving® Program

endorsed by



**THRIVENT**  
FEDERAL CREDIT UNION®

School/Organization Name: **Martin Luther Academy**

<b>FOR OFFICE USE ONLY</b>	<b>STUDENT #:</b>	<b>DATE:</b>						
Effective date of authorization: ____/____/____ Name of student: _____								
Type of Authorization Form: <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> New Authorization</td> <td><input type="checkbox"/> Change banking information</td> </tr> <tr> <td><input type="checkbox"/> Change payment amount</td> <td><input type="checkbox"/> Discontinue electronic payment</td> </tr> <tr> <td><input type="checkbox"/> Change payment date</td> <td></td> </tr> </table>			<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information	<input type="checkbox"/> Change payment amount	<input type="checkbox"/> Discontinue electronic payment	<input type="checkbox"/> Change payment date	
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<input type="checkbox"/> Change payment amount	<input type="checkbox"/> Discontinue electronic payment							
<input type="checkbox"/> Change payment date								
Last Name		First Name						
Address								
City		State      Zip						
Email								
<b>TUITION PAYMENT PLAN</b> (please check one):								
<input type="checkbox"/> 12 Month Plan (June through May) <input type="checkbox"/> 10 Month Plan (August through May) <input type="checkbox"/> 2 Month Plan (August and January)								
<b>Date of first payment:</b> ____/____/____	<b>Payment frequency:</b> <input type="checkbox"/> Monthly on 5 <sup>th</sup> day of the month <input type="checkbox"/> Monthly on 20 <sup>th</sup> day of the month	<b>Amount of first payment:</b> \$ ____ <b>Amount of ongoing payment:</b> \$ ____ <b>Amount of last payment (optional):</b> \$ ____						
<b>Date of last payment (optional):</b> ____/____/____								
<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: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ 						
	I authorize the above organization 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: _____						

*If using a checking account, please attach a voided check at the bottom of this page.*