



# AUTHORIZATION FORM

FOR OFFICE USE ONLY	STUDENT #	DATE
Effective date of authorization: ____/____/____ Name of student: _____ Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic payment		
Last Name		First Name
Address		
City	State	Zip
Email		Phone #
<b>Tuition Payment Plan</b> (please check one): <input type="checkbox"/> Weekly (Aug through June) <input type="checkbox"/> Monthly (Sept through May)		
<b>Date of first payment:</b> ____/____/____ (mm/dd/yy)  <b>Date of last payment</b> (optional): ____/____/____	<b>Miscellaneous Fees</b> <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch Bunch <input type="checkbox"/> Activities Fee <input type="checkbox"/> Registration/Reenrollment <input type="checkbox"/> Other Fees	<b>Amount of first payment:</b> \$ _____ <b>Amount of ongoing payment:</b> \$ _____ <b>Amount of last payment</b> (optional):     \$ _____
<b>Credit Card / Bank Account Information</b>	I (we) hereby authorize Open Arms to initiate credit card charges to the below-referenced credit card account (section A) or initiate debit entries to my (our) checking, indicated below (Section B). <b><u>To properly affect cancellation of this agreement, I (we) are required to give 10 business days written notice (initial)( )</u></b> . (Credit union members: please contact your credit union to verify account and routing numbers for automatic payments).  <b><u>Section A - Credit Card (Note – a 2% service fee will be applied)</u></b>  Cardholder Name _____ Account Number _____ Expiration Date _____ Cardholder Signature _____ Date _____  <b><u>Section B - Bank Account</u></b> – Via Vanco, debit payments: <input type="checkbox"/> Checking Account (attach a voided check)	
	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.*