

AUTHORIZATION FORM

FOR OFFICE USE ONLY	STUDENT #:	DATE:
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Aliso Viejo Christian School

Effective date of authorization: ____/____/____ Name of Student: _____

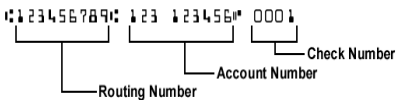
Type of Authorization Form: New Authorization Change banking information
 Change payment amount Discontinue electronic payment
 Change payment date

Last Name	First Name	
Address		
City	State	Zip

TUITION PAYMENT PLAN: no tuition payment in February (registration month)

10 Month Plan (July through May)

Date of first payment: ____/____/____	Date of monthly payment: <input type="checkbox"/> Monthly on the 10 th	Amount of first payment: \$ ____
Date of last payment (optional): ____/____/____		Amount of ongoing payment: \$ ____
		Amount of last payment (optional): \$ ____

CHECKING / SAVINGS	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: _____ 
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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: _____

CREDIT CARD	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.