# AUTHORIZATION FORM

## OLD MISSION SCHOOL

ES4813-0884

| FOR OFFICE USE ONLY | Tuition | DATE |
|---|---|---|

**Effective date of authorization:** ____/____/____

**Type of authorization:**
- ☐ New authorization
- ☐ Change banking information

| Last Name | First Name | |
|---|---|---|
| Address | | |
| City | State | Zip |
| Email Address | | |

| | **FREQUENCY OF PAYMENT:** | **PAYMENT AMOUNT:** |
|---|---|---|
| | ☐ One-time | $ _____ |

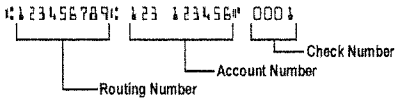
**CHECKING / SAVINGS**

Please debit my donation from my (check one):

- ☐ Savings Account (contact your financial institution for Routing #)
- ☐ Checking Account (attach a voided check below)

Routing Number: _____
***Valid Routing # must start with 0, 1, 2, or 3***

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:_____

**CREDIT / DEBIT CARD**

Card Brand (check one): ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover Card

| Card Number: | Expiration Date: |
|---|---|
| Name on Card: | |
| Billing Address (if different from above): | |

I authorize the above organization to process transactions in accordance with the information above.

Signature (as it appears on the card): _____ Date: _____

***If using a checking account, please staple a voided check over the credit/debit card section above***