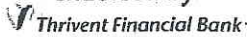


AUTHORIZATION FORM

The **Simply Giving** Program
 endorsed by
 Thrivent Financial Bank

FOR OFFICE USE ONLY	STUDENT #:	DATE:
---------------------	------------	-------

Name of school: Little Blessings Preschool		
Effective date of authorization: ____/____/____		Name of Student: _____
Type of Authorization Form: <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		
Last Name	First Name	
Address		
City	State	Zip
Please debit payments from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ ⑆ 123456789⑆ 123 123456⑆ 0001 └──────────┘ └──────────┘ └──────────┘ Routing Number Account Number Check Number
Tuition Payment Plan : Number of Payments _____ Amount of Each Payment _____		
Date of first payment: ____/____/____ Date of last payment: ____/____/____	THE MAY TUITION IS PAID AT THE TIME OF REGISTRATION	
AGREEMENT 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: _____

Please attach voided check here.