



# VANCO Electronic Transfer Authorization

**Our Savior Lutheran Church and Preschool**

**5101 Dell Range Blvd.**

**Cheyenne, WY. 82009**

**(307) 632-2580**

**(307) 433-8348 Fax**

**preschool@oursaviorcheyenne.org**

**Effective Date of Authorization:** \_\_\_\_\_ **Name of Student:** \_\_\_\_\_

**Type of Authorization (Mark One):** \_\_\_\_\_ **New Authorization** \_\_\_\_\_ **Change Authorization Information**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Tuition Payment Plan:**

8 Month Plan (Oct through May):

Date of first payment:

10/1/2024

Date of last payment:

05/15/2025

**Date of Monthly Payment:**

*(Circle One)*

Monthly on 1st

Monthly on the 15th

**Amount of Monthly Payment:**

\$ \_\_\_\_\_

**Date of the Payment:**

**Savings Account (Contact your financial institution for routing number)**

**Account Number:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Checking Account (Attach a voided check below)**

**Account Number:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

*I authorize the above organization to process debit entries (monthly tuition payments, late fees and any early drop and/or late pick up fees) 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 to this form.*