

# Joyful Response

Electronic Tuition Payment Program

provided by the Lutheran Church Extension Fund

PLEASE PRINT

Parent/Payer Last Name

First Name

Mailing Address

City, State, Zip

Student Last Name First Name

Student Last Name First Name

Student Last Name First Name

Student Last Name First Name

## TUITION PAYMENT PLAN

Transfer amount on 1st \$ \_\_\_\_\_ AND/OR 15th \$ \_\_\_\_\_ each month

First transfer month \_\_\_\_\_ / 20 \_\_\_\_ Last transfer month \_\_\_\_\_ / 20 \_\_\_\_

## TRANSFER FROM ACCOUNT

- StewardAccount
- Checking
- Savings

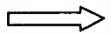
Routing Number (between I: I: on check)

Account Number

I authorize **Holy Cross Lutheran School** to process debit entries to my account for which I supplied a voided check or savings deposit ticket.

Authorized signature for account

Date



Attach voided check or savings deposit ticket and return to school office.