



Member Enrollment and Authorization Form

Return completed enrollment form to the Lutheran school receiving your payment.

Complete this section for **ALL ENROLLMENTS** (Please print in black ink)

Check the appropriate box: <input type="checkbox"/> New enrollment/authorization * <input type="checkbox"/> Change in bank account * <input type="checkbox"/> Change in authorized amount	Last Name	First Name	M.I.
	Mailing Address		
	City	State	Zip
	Home Telephone #	Work Telephone #	

SCHOOL TUITION PAYMENTS

School Name: Lutheran High School	Street Address: 18104 Babcock Rd	
City: San Antonio	State: TX	ZIP Code: 78255
(a) Total annual tuition for all family members	\$ _____	Date of first payment: _____
(b) Number of payments (see below)	_____	Date of last payment: _____
(c) Amount of each payment (a ÷ b)	\$ _____	
Contact your school for information on: <ul style="list-style-type: none"> • Payment duration options (e.g. 10 months or 12 months) • Date the first and last payments are due • Date that monthly transaction must occur 		

Complete this section if you want payments to come from your **CHECKING OR SAVINGS ACCOUNT**

Payments should be taken from: <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach a savings deposit slip)	REQUIRED: I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically withdraw payments from my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate the authorization.
Routing Number _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>	Account Holder Signature _____
Account Number _____	Date _____
* ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP FOR A NEW ENROLLMENT OR CHANGE IN BANK ACCOUNT ONLY	

Complete this section if you want payments to come from your **CREDIT CARD**

Please charge my contribution to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Card		
Credit Card Number:	Expiration Date:	
Name on Card:		
Billing Address (if different from above):		
REQUIRED: I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to charge my credit card in accordance with the information above. This authority will remain in effect until I give reasonable notification to terminate the authorization.		
Signature (as it appears on the credit card) _____		Date _____

***** REQUIRED *** MUST BE COMPLETED BY CONGREGATION / INSTITUTION**

Institution Code: 0020911475T	Student Number _____	Verifier Initials _____
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