

Mail completed form to:
 Keri Layman
 Christ Lutheran Church
 2314 East Main St.
 Bexley, OH 43209



Fax completed form to:
 614/ 235-2003

Tuition Enrollment and Authorization Form

Complete This Section for ALL Enrollments: (Please print)

Last Name	First Name	Middle Initial
Mailing Address	City	State
Home Telephone Number	Work Telephone Number	
Check the appropriate box: <input type="checkbox"/> New enrollment/authorization <input type="checkbox"/> Change in authorized amount <input type="checkbox"/> Change in account		

Complete This Section for Lutheran School Tuition Payments:

Name of Institution Receiving Tuition Payment Christ Lutheran Church DBA Christ Lutheran Children's Center	Street Address 2314 East Main St.	
City Bexley	State OH	ZIP Code 43209
Summer (June 11 – August 17) _____ Weekly payments of \$ _____ _____ Bi-weekly payments of \$ _____ _____ Monthly payments of \$ _____ _____ Registration Fee of \$100 (ignore if paid at registration)	<h3>Summer Session Form</h3> <p>Attach a voided check for EFT from checking and a deposit slip for EFT from savings account.</p>	

CREDIT CARD	Please charge my Tuition to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card		
	Credit Card Number:	Expiration Date:	3 Digit Security Code
	Name on Card:		
	Billing Address (if different from above):		
	I authorize the Thrivent Financial for Lutherans and Vanco Services, LLC to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____		

CHECKING / SAVINGS	Please debit my tuition from my (check one):	
	<input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>
		Account Number: _____
I authorize the above organization 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: _____