

Authorization for Automatic Payment

I (we)			, authorize Lutheran Social Services (LSS) to initiate debit entries			
to my (our) checki	ng, savings account or credi	t/debit card indicated	d below at the	financial institution indica	ted below. I (we)	
	rithdraw sufficient funds to po					
	derstand that tuition will be	•	nday for that w	eek's service. If Monday	is a holiday,	
payment will be w	ithdrawn the following busin	ess day.				
irst Name Middle Name		Last Name	Phone	Phone Number		
Address			City	State	Zip	
	ank or Credit Union Checking	Credit/Debit Card				
Routing Transit Number		Account Number				
 Credit Card Numb	per (if applicable)	Ex	piration Date	CVV2 Code		
	will remain in full force and e d a reasonable opportunity mination date.	•	-			
Signature				Date		

ATTACH A
VOIDED CHECK

