

Trinity Lutheran School and Learning Center

515 S. MacArthur Blvd. • Springfield, IL 62704

Trinity Lutheran School
Phone: 217-787-2323
Fax: 217-787-1145
school@trinity-lutheran.com



Trinity Learning Center
Phone: 217-546-4055
Fax: 217-787-1145
learningcenter@trinity-lutheran.com

MONTHLY AUTOMATIC PAYMENT AUTHORIZATION

By signing this statement, I authorize Security Bank to Debit my checking/savings account to make my monthly **tuition** payment to Trinity Lutheran School for the 2010-2011 school year.

Select a date of the month for the Automatic Payment Program.
Please choose one of the following dates:

5th _____
16th _____
20th _____

_____ 9 Month (Sept - May)
(August paid on Registration Night)
_____ 10 Month (Aug - May)
_____ 12 Month (June - May)

Amount to be debited each month: \$ _____ .

If the selected due date falls on a weekend or a legal holiday, the transmittal date will be the following business day.

Customer's Name

Authorized Signature

Date

Information needed: **Please supply a voided check with the following information:**

Bank Name: _____

Routing Number (9 digits): _____

Account Number: _____

This authorization will remain in effect for the time frame selected unless we receive in writing a notice of cancellation.