

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 2021/2022

Complete This Section for ALL Enrollments: (Please print)

Parent's Last Name	Parent's First Name	Middle Initial
Mailing Address	City	State
		ZIP Code
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		

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
Full-Day Payment Options: Start Date Aug 18 – June 3 _____ Weekly payments of \$ _____ due every Monday _____ I authorize variable debits to my account (i.e. extended lunch, late pick up, lunch items missing fees and late fees).	5 Part-Day Payment Options: Start Date Aug 18 – June 3 _____ Monthly payments of \$ 380 - due the 15 th of every Month (9 mo.) _____ I authorize variable debits to my account (i.e. extended lunch, late pick up, lunch items missing fees and late fees).	

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:
	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 #)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3
	<input type="checkbox"/> Checking Account (staple a voided check below)	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: _____		