

Mail completed form to:
 Debbie diZerega
 Messiah Lutheran School
 5911 S. Hwy. 94, St. Charles, MO 63304
 636-329-1096
 school@messiahsc.org
 www.messiahsc.org



Fax completed form to:
 Debbie diZerega
 Messiah Lutheran School
 636-329-1098 (Fax)

Electronic Tuition Payment Enrollment and Authorization Form

Complete This Section for Enrollment: (Please print)

Last Name		First Name		Middle Initial
Mailing Address		City	State	ZIP Code
Home Telephone Number	Work Telephone Number	Email Address		
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 Messiah School Tuition Payments:

School Name Messiah Lutheran School	Street Address 5911 S. Hwy 94	
City St. Charles	State MO	ZIP Code 63304

Preschool:

Total annual tuition for all family members divided by 10 monthly payments: \$ _____

Date of first payment: 15th of _____ (Month) Date of last payment: May _____ (Year)

K – 8th Grade

Total annual tuition for all family members divided by 10 monthly payments: \$ _____
 or 12 monthly payments: \$ _____

Date of first payment: 1st of _____ (Month) Date of last payment: May _____ (Year)

CHECKING / SAVINGS	Please debit my tuition payment from my (check one): <input type="checkbox"/> Checking Account (attach voided check or deposit slip to form) <input type="checkbox"/> Savings Account (attach savings deposit slip to form)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3
		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: _____

FOR SCHOOL OFFICE USE ONLY:

School Code: _____	Date: _____
Student's Tuition Number: _____	Verifier Initials: _____