



E-Tuition Authorization Form

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Phone _____

CHECKING ACCOUNT _____ SAVINGS ACCOUNT _____

BANK NAME: _____

BANK ROUTING # (9 digits) _____

ACCOUNT # _____

Date of first Payment to come out weekly on Mondays: _____

Amount:\$ _____

Agreement: I authorize St. Matthew Lutheran Church and Vanco Payment Solutions 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: _____

Phone Number: _____



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