

Child(ren)'s Name _____

2008-2009 Grade(s) _____

GRACE LUTHERAN EXTENDED CARE PROGRAM
Thrivent Financial for Lutherans Automated Deduction
Enrollment Form 2008-2009

(Parent/Guardian) Last Name		First Name		M. I.	Today's Date
Mailing Address			City	State	Zip
Home Phone		Cell Phone		Work Phone	
Check the appropriate box. (Please Note: Each new school year is a new enrollment.)					
<input type="checkbox"/> New Enrollment/Authorization		<input type="checkbox"/> Change in authorized amount.		<input type="checkbox"/> Change in account.	
Privacy/Confidentiality: This Authorization Form is seen by the nonprofit Lutheran organizations enrolled in the deduction program as well as the Vanco Services employees who process and maintain accounts. In addition, participation name and address information may be provided to Thrivent Financial for Lutherans. Participant information will not be shared with any other organizations.					
Please deduct payments from: <input type="checkbox"/> Checking (Voided check MUST be attached) <input type="checkbox"/> Savings (Voided deposit slip MUST be attached)					
Please list Routing Number of check, located between these symbols: (I: I:) _____					
Please list Account Number: _____					
NOTE: Two NSF's in the 10-month pay period negates Vanco option. Cashier's check for remaining payments required.					
I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically withdraw tuition payments from my account. I have attached a voided check or savings deposit slip to this enrollment. This authority will remain in effect until the date of last payment or I give reasonable notification in writing to the Extended Care Program to terminate the authorization.					
Parent/Guardian Signature _____					
Date of Monthly Deduction (Please check ONLY one.) <input type="checkbox"/> Monthly on the 5 th <input type="checkbox"/> Monthly on the 20 th					

FOR ADMINISTRATIVE USE ONLY

Name of Institution Receiving Tuition Payment: ACCT# 0018723056EC					
Grace Lutheran Extended Care 4301 16th Street North St. Petersburg, FL 33703 (727) 526-8212					
Total annual tuition for all family members	\$	_____			
Divided by number of monthly payments		_____	Date of first payment	_____	
Amount of each monthly payment	\$	_____	Date of last payment	_____	

Please attach voided check or savings deposit slip here.