## Joyful Response® Electronic Tuition Payment Program

| Enrollment/Change Fo            | orm  |   |
|---------------------------------|--|---|
|                                 | it to the school office to begin or change<br>ccount or your LCEF StewardAccount®. | your current tuition payment. Your payments will be made  |
| Check the appropriate box:      |  |   |
| ☐ New enrollment ☐              | Payment change   | formation change  |
| Please Print in Black In        | k  |   |
|                                 |  |   |
| Parent/Payer Last Name          | Parent/Payer First Name  | e MI Daytime Telephone No.  |
| Mailing Address                 | City, State, ZIP   | Email Address   |
| Student Name                    | Grade  |   |
| Student Name                    | Grade  |   |
| Student Name                    | Grade  |   |
| School Name                     | School Telephone Number  | School Fax Number   |
| School Mailing Address          |  | City, State, ZIP  |
| My Payment Plan                 |  |   |
| Student Name                    |  | Tuition Amount \$   |
| Student Name                    |  | Tuition Amount \$   |
| Student Name                    |  | Tuition Amount \$   |
|                                 | 1 1. 11  |   |
| Total Tuition Due               | divided by<br>Months to Pay  | = \$<br>Monthly Transfer Amount   |
| Total Idition Due               | Wolling to Fay   | Monany Transfer Amount  |
| Debiting Account                |  |   |
| Debit from:                     |  | Transfer date (check one):  |
| Checking                        |  | Monthly on the 1st  |
| ☐ Savings                       |  | Monthly on the 15th   |
| LCEF StewardAccount             |  | Semi-monthly (1st and 15th) (Half of each month's transfer amount)  |
| Account Number                  |  |   |
| Routing Number (First nine num  | nbers in bottom left-hand corner of check)   | Start date://<br>End date (if any)://   |
| Authorization                   |  |   |
| Lautharias the above man        | ad avacaination to process debit out   | rice from my account. This systematic will separate in effect until 1                                       |
|                                 | n to terminate this authorization or u   | ries from my account. This authority will remain in effect until I<br>ntil the last specified payment date. |
| Authorized Signature for Accour | nt   | Date  |
|                                 |  |   |

| TO BE COMPLETED BY S | CHOOL OFFICE     |
|----------------------|------------------|
| Student ID#          | Vanco Client ID# |
| Student ID#          | Date             |

Attach void check or deposit slip here.