



PAYMENT OPTIONS | PRESCHOOL 3 & PRE-K

FAMILY NAME: _____

Student Name	Grade	Package	Tuition
			\$
			\$
			\$
			\$

Please select one option for payment below. Only one signature needed with the option selected.

☐ **Option 1: Debit Authorization**

I (we) hereby authorize Zion Lutheran Church & School hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter call FINANCIAL INSTITUTION, to debit the same to such account the 15th of each month beginning **August 15, 2026 - May 15, 2027 for 10 consecutive months**. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. Law.

***** Please attach a copy of voided check to this form for monthly withdrawal.*****

(Financial Institution)

(Routing Number)

(Account Number)

Type of Account:

☐ Checking

☐ Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Parent/ Guardian Signature)

(Date)

Total Monthly Withdrawal: \$ _____ over _____ Months

☐ **Option 2 : Semi- Annual Payments**

- ½ of total tuition payment due August 15, 2026
- ½ of total tuition payment due January 15, 2027

(Parent/ Guardian Signature)

(Date)

☐ **Option 3: Full Payment- Annual Tuition**

- I opt to pay for full year- tuition and fees payment by August 3, 2026.

(Parent/ Guardian Signature)

(Date)

Note: If you receive a Choice Scholarship or SGO Scholarship, this form will be signed at your scholarship meeting to identify payment amounts for remaining balances.