

ST. PETER LUTHERAN SCHOOL - SCHAUMBURG, IL

FAMILY INFORMATION		
Last Name:	First Name:	M.I.
Street Address:		Apartment/Unit#:
City:	State:	Zip:
Cell/Phone:	E-mail Address:	
CREDIT/DEBIT AUTHORIZATION INFORMATION - Mastercard or Visa only		
MC Account#:	Visa Account#:	Valid Thru:
Name as it appears on card:		3 Digit Security Code:
Signature of Cardholder:		Date:
AUTHORIZATION TO PAY FEES THROUGH VANCO SERVICES		
I am responsible for the payment of my child/rens tuition and I do not have a credit/debit card. I agree to have my savings or checking# on file with the Church Finance Office and authorize the school to debit my account through Vanco Services if I do not make payments as agreed to on the Admission Contract. I have filled out the form to be kept on file in the Church Finance Office		
Signature:		Date:

