

**Mail completed form to:**  
**Crean Lutheran South High School**  
 4947 Alton Parkway  
 Irvine, CA 92604



**Or Fax completed form to:**  
 949-387-1200

## Member Enrollment and Authorization Form

**Complete This Section for ALL Enrollments: (Please print)**

Last Name	First Name	Middle Initial	
Mailing Address	City	State	ZIP Code
Home Telephone Number	Work Telephone Number		
Check the appropriate box: <input type="checkbox"/> New enrollment/authorization <input type="checkbox"/> Change in authorized amount <input type="checkbox"/> Change in account			

**Complete This Section for Lutheran School Tuition Payments:**

Name of Institution Receiving Tuition Payment <b>Crean Lutheran South</b> (Lutheran High South-Orange County)	Street Address 4947 Alton Parkway		
City Irvine	State California	ZIP Code 92604	
Total annual tuition for all family members                    \$ _____	Date of first payment: _____		
Divided by number of monthly payments (see below)            _____	Date of last payment: _____		
Amount of each monthly payment                                    \$ _____	Student's Tuition Number: _____		
Please contact your school for information on: <ul style="list-style-type: none"> <li>• Payment duration options (e.g. 10 months or 12 months)</li> <li>• Date the first and last payments are due</li> <li>• Date during each month that the transaction will occur</li> </ul>			

CHECKING / SAVINGS	Please debit my contribution from my (check one):	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>
	<input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Account Number: _____
	<input type="checkbox"/> Checking Account (attach a voided check below)	
I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically withdraw contributions from my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate the authorization.		
Account Holder Signature: _____ Date: _____		

CREDIT CARD	Please charge my contribution to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Credit Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize the Thrivent Financial for Lutherans and Vanco Services, LLC to charge my credit card in accordance with the information above.	
Signature (as it appears on the credit card): _____ Date: _____		

**FOR CONGREGATION/INSTITUTION OFFICE USE ONLY:**

Congregation/Institution Code: <b>0094795499T</b> _____	Date: _____
Envelope/Participant Number: _____	Verifier Initials: _____