

# Joyful Response®

*Our school offers you a way to **respond joyfully** in meeting your tuition payment commitments.*



Use *Joyful Response* to:

- › Make tuition payments consistently and conveniently.
- › Help you prepare and fulfill your tuition payment commitments with ease.
- › Enjoy saving time and cost of writing checks.

**Complete this form and return it to the school office.**

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*Joyful Response* service provided by:



**Lutheran Church Extension Fund**

› where investments build ministry

10733 Sunset Office Drive  
Suite 300  
St. Louis, MO 63127-1020  
800-843-5233  
lcef.org



LCEF is a nonprofit religious organization; therefore, investments are not FDIC-insured bank deposit accounts. This is not an offer to sell LCEF investments, nor a solicitation to buy. LCEF will offer and sell its securities only in states where authorized. The offer is made solely by LCEF's Offering Circular. Investors should carefully read the Offering Circular, which more fully describes associated risks.

## Enrollment/Change Form

Complete this form and return it to the school office to begin or change your current tuition payment. Your payments will be made automatically from your bank account or your LCEF StewardAccount<sup>®</sup>.

Check the appropriate box:

- New enrollment    
  Payment change    
  Account information change

**Please Print in Black Ink**

Parent/Payer Last Name \_\_\_\_\_ Parent/Payer First Name \_\_\_\_\_ 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 \$ _____

\_\_\_\_\_ divided by \_\_\_\_\_ = \$ \_\_\_\_\_  
*Total Tuition Due*                      *Months to Pay*                      *Monthly Transfer Amount*

### Debiting Account

Any changes in enrollment options will automatically be adjusted to billing amounts. Family agrees that other charges including (but not limited to) after school care, hot lunch, athletic fees, etc will be added each month with notice to the family.

**Debit from:**

Checking                      *D*  
 Savings                      *D-*  
 LCEF StewardAccount                      *(DRD-*  
 \_\_\_\_\_ *1DPRD*  
 Account Number

\_\_\_\_\_ Routing Number *(First nine numbers in bottom left-hand corner of check)*

**Transfer date (check one):-**

Monthly on the 1st  
 Monthly on the 15th  
 Semi-monthly *(1st and 15th)*  
*(Half of each month's transfer amount)*

**Start date: -**  
**End date (if any): -**

### Authorization

I authorize the above-named organization to process debit entries from my account. This authority will remain in effect until I give reasonable notification to terminate this authorization or until the last specified payment date.

\_\_\_\_\_

Authorized Signature for Account \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY SCHOOL OFFICE**

Student ID# _____	Vanco Client ID# _____
Student ID# _____	Initials _____
Student ID# _____	Date _____

Attach void check or deposit slip here.