



Grace Lutheran Communities
3410 Sky Park Blvd • P.O. Box 287
Eau Claire, WI 54702

Grace Lutheran Foundation is happy to offer you our automatic payment plan.

If you decide to take advantage of this service, funds will be withdrawn from your bank account on the date list given to you at the start of each school year and camp season, and will be automatically deposited in our account at US Bank. The amount withdrawn will be on your most recent statement. If the date falls on holiday, funds will be withdrawn on the following business day.

Enrollment is easy. Just fill out the enclosed Automatic Payment Request form, attach a voided check if using a checking account and mail both to Grace Lutheran Foundation. Don't forget to sign the form. You can also fax the form and voided check to Trish at (715)832-3021 or email it to the address below. Deductions will begin the following with the following statement.

Please note that if you are using a **savings account** – do not send in a deposit slip as they do not have the correct bank ID number on them. You will have to **check with your bank** to get the correct number.

We hope this billing feature will streamline your bill paying responsibilities. If you have any questions, please call me at (715)532-3003 ex 20181

Sincerely,

Nancy L Fliehr

Nancy L Fliehr
Administrator
Grace School-age Childcare
PO Box 287
Eau Claire, WI 54702
nancy.fliehr@graceluthfound.com
715-832-3003 ex 20181

Trisha Myers

Trisha Myers
Finance Supervisor
Grace Lutheran Foundation
PO BOX 287
Eau Claire, WI 54702
trisha.myers@graceluthfound.com
715-832-3003 ex 20122

AUTOMATIC PAYMENT REQUEST

Grace School-Age Childcare

Parent Name: _____

Children's Name: _____

Name on Bank Account: _____
(if different from above)

Bank ID Number: _____ (9 Digit routing Number)

Bank Account Number: _____

Account Type: ☐ Checking ☐ Saving (We do NOT take check cards, credit cards,
(please include a voided check) debit cards, or pre-paid credit cards)

I authorize Grace Lutheran Foundation, Inc and the financial institution named above to deduct the balance due from my bank account listed. I understand that my payment will be deducted as stated on the list of dates given to me at the start of summer or school year. This agreement will remain in force unless cancelled by me, Grace Lutheran Foundation, Inc or my financial institution at least 5 business days prior to the payment date. A return payment fee will be added to my bill for each payment financial institution.

Name (please print) _____

Initials: _____ Date: _____

Daytime Contact Number: _____

Email address: _____

Office use only

Company Number: _____

Family Account Number: _____

Start Date: _____

[CLICK HERE TO EMAIL REQUEST](#)