Concordia University Wisconsin offers you a way to respond joyfully in fulfilling your tuition payment commitments.

Use Joyful Response to:
- Make tuition payments consistently and conveniently.
- Help you prepare and fulfill your tuition payment commitments easily.
Enrollment/Change Form □ Fall Semester □ Spring Semester

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.

Check the appropriate box:
□ New enrollment □ Payment change □ Account information change

Please Print in Black Ink

<table>
<thead>
<tr>
<th>Parent/Payer Last Name</th>
<th>Parent/Payer First Name</th>
<th>MI</th>
<th>Daytime Telephone No.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City, State, ZIP</th>
<th>Email Address</th>
</tr>
</thead>
</table>

Student Name □ Student ID #F00

Student Name □ Student ID #F00

Student Name □ Student ID #F00

Concordia University Wisconsin
(262) 243-4556 (262) 243-2909

Student Name
Grade

Student Name
Grade

Student Name
Grade

12800 N. Lakeshore Drive
Mequon, WI 53097-2402

My Payment Plan

My Payment Plan

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Tuition Amount $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name</td>
<td></td>
</tr>
<tr>
<td>Student Name</td>
<td></td>
</tr>
</tbody>
</table>

_______ divided by _______ = _______

Total Tuition Due Monthly (4 or less) Monthly Transfer Amount

Debiting Account

Debit from:
□ Checking
□ Savings
□ LCEF StewardAccount

| Account Number | Transfer date (check one):
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Monthly on the 1st</td>
</tr>
<tr>
<td></td>
<td>□ Monthly on the 15th</td>
</tr>
</tbody>
</table>

| Routing Number (First nine numbers in bottom left-hand corner of check) | Start date: ______/______/_____ |

Authorization

I authorize the above-named organization and Vanco Services, LLC 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# Initials Date

Student ID# Vanco Client ID# Initials Date

Student ID# Vanco Client ID# Initials Date

Attach void check or savings account and routing number.