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.

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

☐ 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

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<th>Parent/Payer First Name</th>
<th>MI</th>
<th>Daytime Telephone No.</th>
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<th>Email Address</th>
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Concordia University Wisconsin

School Name
12800 N. Lakeshore Drive

School Telephone Number
(262) 243-4556

School Fax Number
(262) 243-3556

School Mailing Address
Mequon, WI 53097-2402

My Payment Plan

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Tuition Amount</th>
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Divided by Monthly (4 or less) Monthly Transfer Amount

Debiting Account

Debit from:
☐ Checking  ☐ Savings  ☐ LCEF StewardAccount

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

Start date: ___/___/____
End date (if any): ___/___/____

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

Attach void check or savings account and routing number here.