



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

Grace Lutheran Communities 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If you decide to take advantage of this service, funds will be withdrawn from your bank account on the 7th of each month for the current month's bill and will be automatically deposited in our account. The amount withdrawn will be on your most recent statement. If the 7th falls on a weekend or holiday, funds will be withdrawn on the following business day.

Enrollment is easy! Just fill out and sign the enclosed Automatic Payment Request form, attach a voided check and mail both to Grace Lutheran Foundation in the enclosed self-addressed envelope. You can also email the form and voided check to our Finance department at the email below or fax the information to (715) 832-3021. Deductions will begin the following month.

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 processes. If you have any questions, please give me a call at (715) 832-3003 Ext. 20181.

Sincerely,

Tyler Papierniak

Tyler Papierniak
Administrator/ Director
Grace School-Age Childcare
Grace Lutheran Foundation, Inc.
PO Box 287
Eau Claire, WI 54702
tyler.papierniak@graceluthfound.com
715-832-3003 Option 1

Finance Department
Grace Lutheran Foundation, Inc.
PO Box 287
Eau Claire, WI 54702
SACCBilling@graceluthfound.com
715-832-3003 Ext. 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: _____

**Save and email this form to
sacregistration@graceluthfound.com
to submit**