

# 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:



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.

# Joyful Response<sup>®</sup> Electronic Tuition Payment Program

## 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: Living Savior Lutheran Church Preschool (Ph: 703-352-4208)**  
**5500 Ox Road, Fairfax Station, VA 22039**

### My Payment Plan

Student Name _____	Tuition Amount \$ _____
Student Name _____	Tuition Amount \$ _____
Student Name _____	Tuition Amount \$ _____
_____ divided by _____ = \$ _____ <i>Total Tuition Due    Months to Pay    Monthly Transfer Amount</i>	

### Debiting Account

<b>Debit from:</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> LCEF StewardAccount	<b>Transfer date (check one):</b> <input type="checkbox"/> Monthly on the 10 <sup>th</sup>
Account Number _____	Start date: ____/____/____
Routing Number (First nine numbers in bottom left-hand corner of check) _____	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.

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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.