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.

Joyful Response service provided by:



10733 Sunset Office Drive Suite 300 St. Louis, MO 63127-1020 800-843-5233 Icef.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[®] 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[®].

Check the appropriate box: New enrollment	Payment change 🛛 🔲 Account inf	ormation change
Please Print in Black In		
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 Name	School Telephone Number	School Fax Number
School Mailing Address		City, State, ZIP
My Payment Plan		
Student Name		Tuition Amount \$
Student Name		Tuition Amount \$
Student Name		Tuition Amount \$
	divided by	= \$
Total Tuition Due	Months to Pay	Monthly Transfer Amount
Debiting Account		
Debit from:		Transfer date (check one):
Checking		Monthly on the 1st
Savings		Monthly on the 15th
LCEF StewardAccount		Semi-monthly (1st and 15th) (Half of each month's transfer amount)
Account Number		
		Start date://
Routing Number (First nine nur	mbers in bottom left-hand corner of check)	End date (<i>if any</i>)://
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.

Authorized Signature for Account

TO BE COMPLETED BY SCHOOL OFFICE		
Student ID# Student ID# Student ID#	Vanco Client ID# Initials Date	

Date

Attach void check or deposit slip here.