



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express® — a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) Precious People Daycare to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. _____ (initial) Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

| | | | |
|----------------------|--|-----------------|-----------|
| _____ | | _____ | |
| Cardholder Name | | Phone # | |
| _____ | | _____ | _____ |
| Cardholder Address | | City | State Zip |
| _____ | | _____ | |
| Account Number | | Expiration Date | |
| _____ | | _____ | |
| Cardholder Signature | | Date | |

SECTION B (Bank Account)

| | | | |
|---|-----------------------------------|-----------------------------------|----------------------------------|
| _____ | | _____ | |
| Your Name | | Phone # | |
| _____ | | _____ | _____ |
| Address | | City | State Zip |
| _____ | | _____ | |
| Bank or Credit Union Name | Bank or Credit Union Address | City | State Zip |
| _____ | | _____ | |
| Routing Transit Number (see sample below) | Account Number (see sample below) | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |
| _____ | | _____ | |
| Authorized Signature | | Date | |

For Official Use Only

| |
|--------------------|
| Date Received |
| |
| Employee Signature |
| |



A service of

