**eliminating racism
empowering women**

ywca

Central Massachusetts

1 Salem Square
Worcester _____

Westborough _____

Roosevelt School _____

Clark St. School _____

Camp Wind in the Pines _____

Early Education & Child Care **Tuition Express**

Child's Name: _____ Date of Birth: _____

Date of Enrollment: _____

Tuition Express is a program that allows your child care tuition balance to be automatically deducted from your checking or savings account or charged to your credit card. Not only can you choose the account from which the payments are made, you can also choose from 3 timing options: monthly, biweekly (you choose which week is the off week) or weekly.

Please fill out the information requested below and on the reverse side of this form, and return form to the center Director in order to start using Tuition Express.

Parent Name: _____

Daytime Telephone Number: _____

Timing Options (selection one):

☐ Weekly Deductions (deductions will be taken every week on Friday)*

☐ Biweekly Deductions (deductions will be taken every other week on Friday)*
   Please specify which Friday you want deduction to start: _____

☐ Monthly Deductions (deductions will be taken every month on the 5th of the month)

*Please note that we are required to send deduction information to the processing center on Thursdays before 4:00 p.m., for Friday processing. Processing maybe done as early as 12:01 am Friday, so please have funds available by the end of the day on Thursdays. Please check with your bank regarding processing times. Some banks may deduct funds as soon they are notified of the upcoming Friday withdrawal, primarily when a debit card is used.

Tuition® Express

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) _____ **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)   ☐ Checking   ☐ Savings

_____
Authorized Signature   Date

For Official Use Only

Date Received

_____

Employee Signature

_____

John Sample
Mary Sample
123 Nice Street
Anytown, USA

BANK OF THE WEST
555-555-5555

00226

Pay to the
order of: _____ $

Attach Voided Check Here

Deposit slips not accepted

_____ Dollars

⑆123456789⑆   1800338⑈   0226

Routing Number   Account Number   Check Number

A service of

procare
SOFTWARE®