

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.



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 CVV Code
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

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





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
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Date Received

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Deposit slips not accepted Dollars		
123456789	1800338	0226
Routing Number	Account Number	Check Number

A service of



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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
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