



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.

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) _____ Checking Savings

Authorized Signature _____ Date _____

For Official Use Only

Date Received
Employee Signature



A service of



Tuition® Express

Bank or Credit Union Name Bank or Credit Union Address City State Zip

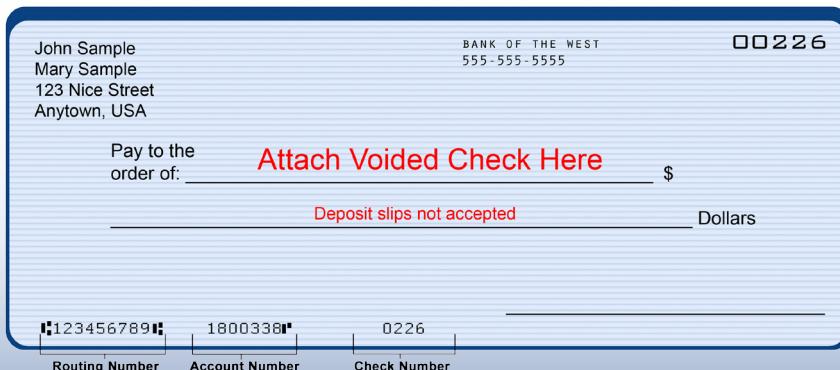
Routing Transit Number (see sample below) Account Number (see sample below) Checking Savings

Authorized Signature Date

For Official Use Only

Date Received

Employee Signature



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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) Checking Savings

Authorized Signature Date

For Official Use Only

Date Received

Employee Signature



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