

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) Risen Savior Early Childhood Center 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. 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 samp	le below)	Account Number (see sample b	elow) 🗌 Checki	ng Savings
Authorized Signature			Date	
For Official Use Only	John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE HEST 555-555-5555	00226	A service of
Date Received		oided Check Here	s	
Employee Signature		it slips not accepted	Dollars	procare SOFTWARE®
	Routing Number Account Number Ci	0226 heck Number	Copyright Proce	re Software 1/19/2015