

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) <u>Hilliard United Methodist Preschool</u> 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 *Child's name:

(Credit Card) VISA and MasterCard only. There is a 2.75% service fee for using the Credit Card option.

Cardholder Name		Phone #		
Cardholder Address		City	State	Zip
Account Number VISA and MasterCard are accepted.		Expiration Date		
Cardholder Signature			Date	
SECTION B (Bank Account)				
Your Name		Phone #		
Address		City	State	Zip
Bank or Credit Union Name Ba	ank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below	/)	Account Number (see sample below)	Checkir	ng Savings
Authorized Signature			Date	
For Official Use Only	in Sample	il a photo of a void	ed	A service of
Date Received	i i i i i i i i i i i i i i i i i i i	koto Katie at dumepreschool or		
Employee Signature	katie@hillian	dumcpreschool.or	g	N/
	along wi	th this form.***		procare SOFTWARE®
	1234567891 18003381*	0226		JULIARE