
Date



*Hop aboard the Tuition Express
and never write a check again!*

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit www.tuitionexpress.com

For Bank Account Authorization, complete and return to center management.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) hereby authorize Professional Solutions, as agent on behalf of, _____ to initiate debit entries to my Checking or Savings Account indicated below at the depository financial institution hereafter called DEPOSITORY. I (we) authorize Professional Solutions to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees which are due and payable. I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of United States Law.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name Phone #

DEPOSITORY - Bank or Credit Union Name

Address

Bank or Credit Union Address

City State Zip

City State Zip

Routing Transit Number (see sample below)

Type: ☐ Checking ☐ Savings
Account Number (see sample below)

This authorization shall remain in full force and effect until I (we) notify you in writing of its termination in such time and in such manner as to afford Professional Solutions - Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Under no circumstances shall this time be less than 5 business days.

Signature

Date

(Please attach a copy of a voided check below - deposit slips not accepted)

John Smith Sally A. Smith 123 Main Street Anytown, OR 97504		18-4026/2249	1420
PAY TO THE ORDER OF _____		DATE _____	\$ _____ Dollars
Anytown Bank Anytown, OR 97502			
Memo _____			
⑆ 0574 2104 ⑆ 578 245 ⑆ 14 20			
Routing Transit Number	Account Number	Check Number	