

## 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. 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.

## ADI ETE ONE SECTION ONLY

| COMPLETE ONE SECTION             | NONLY   |                                   |         |                      |
|----------------------------------|---|-----------------------------------|---------|----------------------|
| SECTION A (Credit Card)          | Note: Credit Card Transactions will be subject to a convenience fee; see tuition contract for details |                                   |         |                      |
| 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 | ble below)  | Account Number (see sample below) | Checkin | g 🗌 Savings          |
| Authorized Signature             |   |                                   | Date    |                      |
| For Official Use Only            | John Sample<br>Mary Sample<br>123 Nice Street   | BANK OF THE WEST<br>555-555-5555  | 00226   | A service of         |
| Date Received                    | Anytown, USA<br>Pay to the Attach<br>order of: Attach   | Voided Check Here s               |         |                      |
| Employee Signature               |   | osit slips not accepted Do        | ollars  | N.                   |
|                                  |   |                                   |         | procare<br>SOFTWARE® |

0226

Check Number

1234567891

Routing Number

1800338

Account Number