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| T ui t io n® |
| Express |

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) \_ \_ \_

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\_ \_ \_ 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.

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| **COMPLETE ONE SECTION ONLY****SECTION A (Credit Card)** |  |
| Cardholder Name | Phone # |  |  |
| Cardh older Addr ess | City | State | Zip |
| Acco unt Numb er | Expiration Date |  |  |
| Ca rdho lder Signa ture**SECTION B (Bank Account)** |  | Dat e |  |
| Your Name | Phon e # |  |  |
| Addr ess | City | State | Zip |
| Bank or Credit Union Name Bank or Credit Union Address | City | State | Zip |
| Rout ing Transit Num ber (see sample below) | Account Number (see sample below) | D Ch eck ing | D Sav ings |
| Auth orized Signature |  | Date |  |
| John Sample**For Official Use Only** Mary SampleAnytown, USA:-e:0 e A\_t\_ta\_c\_h\_ De\_p1:1 23 45 6 7 8 9 1: 18 00 33 81' | BANK OF TH E WEST **00226**555-555-5555 **A service of**V\_o\_id\_e\_d\_C\_h\_e\_c\_k\_ H\_e\_r\_e $\_os\_it\_s\_lip\_s\_n\_ot\_a\_cc\_e\_p\_te\_d Dollarsprocare**SOFTWARE •**0226 |

123 Nice Street

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| --- |
| **Date Received** |
| **Employee Signature** |
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Routing Number Account Number **Check Number** r.nn\/rinhl Prnr::m, Snftw;:m:, 1 /1Q/? 0 1 <;