



# 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) Parkwood Weekday Early Education 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)** A 3% convenience fee will be added for Credit and Debit Card transactions

\_\_\_\_\_  
 Cardholder Name Phone # \_\_\_\_\_

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\_\_\_\_\_  
 Cardholder Address City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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\_\_\_\_\_  
 Account Number Expiration Date \_\_\_\_\_

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\_\_\_\_\_  
 Cardholder Signature Date \_\_\_\_\_

**SECTION B (Bank Account)** No Fees Added

\_\_\_\_\_  
 Your Name Phone # \_\_\_\_\_

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\_\_\_\_\_  
 Address City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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\_\_\_\_\_  
 Bank or Credit Union Name Bank or Credit Union Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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\_\_\_\_\_  
 Routing Transit Number (see sample below) Account Number (see sample below)  Checking  Savings

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\_\_\_\_\_  
 Authorized Signature Date \_\_\_\_\_

### For Official Use Only

Date Received \_\_\_\_\_

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Employee Signature \_\_\_\_\_



A service of

