

Employee Signature

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Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AUTHORIZATION

I (we) hereby authorize (our) Checking or Savings Ac give 10 days written notice.	count indicated below	v. To properly affect the ca		nitiate debit entries to my nent, I (we) are required to	
Credit Union Members: Pleas	se contact your Credit	Union to verify account a	nd routing numbers for a	utomatic payments.	
Your Name		Phone #			
Address		City	State	Zip	
Bank or Credit Union Name					
Bank or Credit Union Address	City	State	Zip	ecking Savings	
Routing Transit Number (see sample	e below)	Account Num	ber (see sample below)		
Signature Check if you wish to make online	e payments	Date			
For Official Use Only Date Received	John Sample Mary Sample 123 Nice Street Anytown, USA Pay to the order of:	Attach Voided Check		A service of	

SOFTWARE®



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made with your credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD AUTHORIZATION

(we) hereby authorize (business name) to initiate recurring credit card che the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give ays written notice.				
PLEASE CONTACT CE	ENTER REPRESENTATIVES	FOR CREDIT CARD TYPES ACCEP	TED BY CENTER.	
Cardholder Name		Phone #		
Cardholder Address	City	State	Zip	
Account Number		Expiration Date		
Cardholder Signature		Date		
Check if you wish to make online payr	ments			

For Official Use Only

Date Received

Employee Signature

A service of

