

NOTE: Payroll deduction, Childcare Certificate and Kindergarten tuition payments will be drafted monthly.

## Automated Payment Processing Safe – Convenient – Easy

There is no reduction in tuition as a result of center closures. If payment is denied a \$40 NSF and \$25 late fee will be assessed to your account

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-Please complete Section B ONLY

I (we) hereby authorize (business name) WEST POINT CHRISTIAN PRESCHOOL 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 (There will be a 5% credit card service fee for all credit card transactions)

## **SECTION A (Credit Card)**

| Cardholder Name                  | 100   | Phone #                          |                 |                        |
|----------------------------------|---|----------------------------------|-----------------|------------------------|
| Cardholder Address               | CAREO CAREO                                   | City                             | State           | Zip                    |
| Account Number                   |   | Expiration Date                  | 3 Digit CV      | V Number               |
| 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 | le below)                                     | Account Number (see sample bel   | ow)             |                        |
| Authorized Signature             |   |                                  | Date            |                        |
| For Official Use Only            | John Sample<br>Mary Sample<br>123 Nice Street | BANK OF THE HEST<br>555-555-5555 | 00226           | A service of           |
| Date Received                    | Pay to the order of: Attach Voi               | ded Check Here s                 |                 |                        |
| Employee Initial                 | Deposit si                                    | ips not accepted                 | _ Dollars       |                        |
|                                  | 1.1234567891; 18003381°, 0                    | 1226                             |                 | procare<br>SOFTWARE®   |
|                                  | Routing Number Account Number Check           | k Number                         | Copyright Proca | are Software 1/19/2015 |