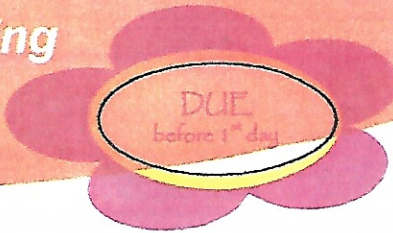


# Automated Payment Processing

## Safe Convenient - Easy

Tuition Express  
is a  
**REQUIREMENT**



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

I (we) hereby authorize (business name) Little Scholars *and/or* Little Scholars Beginnings 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. \_\_\_\_ (initial) 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.

**Which program do you choose?**

Full-Time (4-5 days)/Full-Day (over 5 hrs)

Full-Time (4-5 days)/Half-Days (5 hrs or less)

Part-Time (1-3 days)/Full-Days (over 5 hrs)

Part-Time (1-3 days)/Half-Days (5 hrs or less)

**Will you be using STATE FUNDING?**

YES

NO

MAYBE

#### 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 sample below) \_\_\_\_\_ Account Number (see sample below) \_\_\_\_\_  Checking  Savings

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

#### For Official Use Only

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

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

