

# 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 \_\_\_\_\_ (business name) to initiate debit entries to my (our) Checking or Savings Account indicated below. 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.

Your Name		Phone #	
Address	City	State	Zip
Bank or Credit Union Name			
Bank or Credit Union Address	City	State	Zip
		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing Transit Number (see sample below)		Account Number (see sample below)	
Signature		Date	

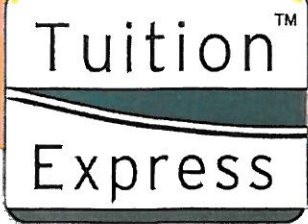
<b>For Official Use Only</b>
Date Received
Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of:	<b>Attach Voided Check Here</b>	\$
Deposit slips not accepted		Dollars
123456789	1600330	0226
Routing Number	Account Number	Check Number

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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**

I (we) hereby authorize \_\_\_\_\_ (business name) to initiate recurring credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

**PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.**

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

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

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

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

<b>For Official Use Only</b>
Date Received
Employee Signature

