# Automated Payment Processing

**Procare** SOLUTIONS

## 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) _____ 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.
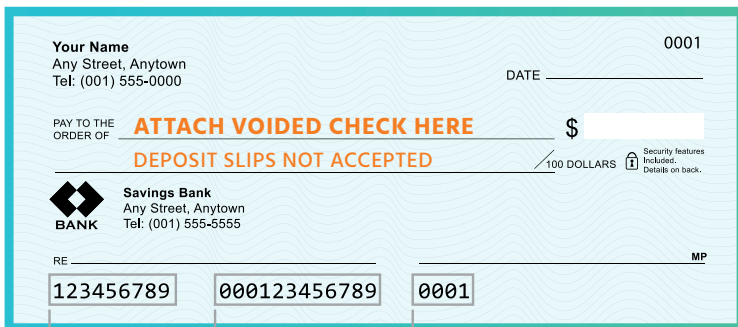
**COMPLETE ONE SECTION ONLY**

### SECTION A (Credit Card)

Cardholder Name

Phone #

Cardholder Address

City

State

Zip

Account Number

Expiration Date

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 sample below)

Account Number (see sample below)

☐ Checking   ☐ Savings

Authorized Signature

Date

**Your Name**
Any Street, Anytown
Tel: (001) 555-0000

0001

DATE _____

PAY TO THE ORDER OF   **ATTACH VOIDED CHECK HERE**   $

**DEPOSIT SLIPS NOT ACCEPTED**   |100 DOLLARS   Security features Included. Details on back.

**Savings Bank**
Any Street, Anytown
Tel: (001) 555-5555
BANK

RE

MP

123456789    000123456789    0001

ROUTING NUMBER   ACCOUNT NUMBER   CHECK NUMBER

**FOR OFFICIAL USE ONLY**

_____
**Date Received**

_____
**Employee Signature**

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