

# Automated Payment Processing

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) \_\_\_\_\_ **Tender Years** \_\_\_\_\_ 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 | CVV # |     |
| 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) | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |
| Authorized Signature                      | Date                              |                                   |                                  |

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

**DATE** \_\_\_\_\_

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

**DEPOSIT SLIPS NOT ACCEPTED**

**100 DOLLARS**

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

**RE** \_\_\_\_\_ **MP** \_\_\_\_\_

**123456789** **000123456789** **0001**

**ROUTING NUMBER** **ACCOUNT NUMBER** **CHECK NUMBER**

#### FOR OFFICIAL USE ONLY

|                           |
|---------------------------|
| <b>Date Received</b>      |
| <b>Employee Signature</b> |

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