# Tuition® Express

# 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) _____ **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.

## COMPLETE ONE SECTION ONLY

### SECTION A (Credit Card)

N/A ----------------------------------------------------------------------------------------------

Cardholder Name                                                                 Phone #

N/A ----------------------------------------------------------------------------------------------

Cardholder Address                                                City                              State        Zip

N/A ----------------------------------------------------------------------------------------------

Account Number                                                                 Expiration Date

N/A ----------------------------------------------------------------------------------------------

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

## For Official Use Only

**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: _____ **Attach Voided Check Here** $_____

*Deposit slips not accepted*                                                         Dollars

⑆123456789⑆        1800338⑈        0226

Routing Number        Account Number        Check Number

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