

# Antonico (Ennione Processing Satisfico (Ontonico Elby e

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 conta	act your Credit U	nion to ve	rify account	and routing nu	mbers for automat	lic payments.			
Your Name	and the second description of the second	Phone #							
Address		City			State		Zip		
Bank or Credit Union Name									
Bank or Credit Union Address	City		State	Zip	Checking	Savings	vjernostrenostre 2 w o		
Rouling Transil Number (see sample below)	The second secon	Account Number (see sample below)				A-45-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-			
Signature	· · · · · · · · · · · · · · · · · · ·	Date					***************************************		

### For Official Use Only

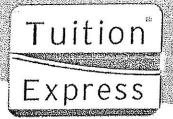
Date Received

Employee Signature

John Sample Mery Sample 123 Nice Street Anytown, USA Pay to the	tach Voided Check Here	00226
order of:		
	Deposit slips not accepted	Dollars

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SOFTWARE



## Antonistica Boymone freeessing Sons Sons

We are excited to offer the safety, convenience and ease of Tultion Express® – an automatic payment processing system that allows on-time fultion and fee payments to be made with your credit card.

#### ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD AUTHORIZATION

I (we) hereby authorize to the below referenced credit ca days written notice.	rd account. To properly affect the	(business name) to initiate recurring credit card charges ct the cancellation of this agreement, I (we) are required to give 10			
PLEASE CONTACT C	ENTER REPRESENTATIVES F	OR CREDIT CARD TYPES ACCEPTI	ED BY CENTER.		
Cardholder Name		Phone #			
Cardholder Address	City	State	Zip		
Account Number		Expiration Date			
Cardholder Signature		Date			

For Official Use Only

Date Received

Employee Signature

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