



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.

AUTHORIZATION FOR **BANK ACCOUNT** ELECTRONIC FUNDS TRANSFER

I (we) hereby authorize Themba Creative Learning Center to initiate debit entries to my (our) Checking or Savings once per ____ Week or ____ Month (check one option) in the amount of \$ _____ against the 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 _____

Checking Savings

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____

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

A service of





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AUTHORIZATION FOR CREDIT CARD

I (we) hereby authorize Themba Creative Learning Center to initiate recurring credit card charges once per ____ Week or ____ Month (check one option) in the amount of \$ _____ 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 Representative for a list of Credit Cards Accepted as Payment.

Cardholder Name Phone #

Cardholder Address City State Zip

Credit Card Number Expiration Date

Signature Today's Date

For Official Use Only...

Date Received

Employee Signature

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----- < Cut Here > -----

FULL Credit Card Number Expiration Date Security Code (3 digits)

For Security, please... Today's Date

return this Section of the Authorization Form.

Shred this Section of the Authorization Form.