



## Hop aboard the Tuition Express and never write a check again!

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check, or remember your checkbook, as you're picking up your child at the end of a hectic day. Your account will be safely and securely debited by Tuition Express, giving you peace of mind, knowing your tuition is being paid when it's due. It's easy to enroll and even easier to participate. You'll join millions who already pay mortgages, car payments, and childcare tuition automatically. Tuition Express is convenient and safe for you, and it helps us do a better job caring for your child.

**For Bank Account Authorization, complete this side and return to center management.**

### ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) hereby authorize Professional Solutions, as agent on behalf of \_\_\_\_\_ to initiate debit entries to my Checking or Savings Account indicated below at the depository financial institution hereafter called DEPOSITORY. I (we) authorize Professional Solutions to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees which are due and payable. I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of United States Law.

**Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.**

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
DEPOSITORY - Bank or Credit Union Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Bank or Credit Union Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Routing Transit Number (see sample below)

\_\_\_\_\_  
Account Number (see sample below) Type:  Checking  Savings

This authorization shall remain in full force and effect until I (we) notify you in writing of its termination in such time and in such manner as to afford Professional Solutions - Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Under no circumstances shall this time be less than 5 business days.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**(Please attach a copy of a voided check below - deposit slips not accepted)**

John Smith Sally Smith 123 Main Street Anytown, OR 97504	10-0000 / 2140 DATE _____	1420
PAY TO THE ORDER OF _____	\$ _____	_____ Dollars
Anytown Bank Anytown, OR	Memo _____	
<b>: 105742104 :</b>	<b>5782451 &lt;</b>	<b>1420</b>
Routing Transit Number	Account Number	Check Number