

Automated Payment Processing Safe – Convenient – Easy

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We are excited to offer the safety, convenience and ease of Tuition Express $^{\text{TM}}$ – 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	contact your Credit	Union to verify accoun	t and routing n	umbers for automatio	c 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 Check if you wish to make online pa	ayments	Date					
_							

Date Received

Employee Signature







For Official Use Only

Date Received

Employee Signature

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We are excited to offer the safety, convenience and ease of Tuition Express $^{\text{TM}}$ – an automatic payment processing system that allows on-time tuition and fee payments to be made with your credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD AUTHORIZATION

I (we) hereby authorize The Ga to the below referenced credit card addays written notice.		(business the cancellation of th	name) to initiate re nis agreement, I (we	ecurring credit card charges e) are required to give 10
PLEASE CONTACT CENT	ER REPRESENTATIVES	FOR CREDIT CAR	D TYPES ACCEPT	TED BY CENTER.
Cardholder Name		Phone #		
Cardholder Address	City		State	Zip
Account Number		Expiration D	ate	
Cardholder Signature		Date		
Check if you wish to make online paymen	ts			
				A service of
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For Official Use Only

Date Received

Employee Signature

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We are excited to offer the safety, convenience and ease of Tuition Express Online Payments. You can process on-time tuition and fee payments with your credit card at www.tuitionexpress.com

TUITIONEXPRESS.COM REGISTRATION

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER. Cardholder Name Phone # Cardholder Address City State Zip Cardholder Signature Date	As a customer of	urnose of making Online Paymen	(business name), I (we) wish to register at					
Cardholder Name Phone # Cardholder Address City State Zip	www.tuitionexpress.com for the pr	inpose of making offiline r aymen	is using a credit card.					
Cardholder Address City State Zip	PLEASE CONTACT CE	NTER REPRESENTATIVES FOR	R CREDIT CARD TYPES	S ACCEPTED	BY CENTER.			
	Cardholder Name	Phone #						
Cardholder Signature Date	Cardholder Address	City	Sta	ite	Zip			
	Cardholder Signature		Date					
Website Registration Code: (Please select a 4 digit PIN that will be used when you register at TuitionExpress.com) 4 digits	Website Registration Code: (F	Please select a 4 digit PIN that will be use	d when you register at TuitionE	express.com)				
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