

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.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** AUTHORIZATION

I (we) hereby authorize The Gardner School (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 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
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Routing Transit Number (see sample below)		Account Number (see sample below)	
Signature		Date	
<input type="checkbox"/> Check if you wish to make online payments			

For Official Use Only

Date Received

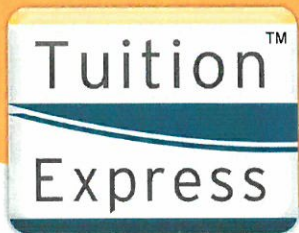
Employee Signature

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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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 with your credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **CREDIT CARD** AUTHORIZATION

I (we) hereby authorize The Gardner School (business name) to initiate recurring credit card charges 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 REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____

Cardholder Signature _____ Date _____

☐ Check if you wish to make online payments

For Official Use Only

Date Received _____

Employee Signature _____

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