

## 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 carring for your child.

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

	ELECTRONI	C FUNDS	TRANSFER AUTHO	DRIZATION
called DEPOSITORY. I (we) au	Checking or Sav ithorize Profess related fees whi	ings Account Ional Solutio ch are due ar	t indicated below at the de ns to withdraw sufficient fu id payable. I (we) acknowle	pository financial institution hereafter nds to pay my (our) regular childcare dge that the origination of ACH
Credit Union Members: Please	contact your Cr	edit 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	Stale	Zip	CIŅ	Stale: Zip
Routing Transit Number (see sample below)		Type:   Type:   Checking Savings  Account Number (see sample below)		
This authorization shall remain such manner as to afford Profes Under no circumstances shall t	ssional Solution:	- Tuition Ex	press and DEPOSITORY a	of its termination in such time and in reasonable opportunity to act upon it
Signature			Date	

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

John Smith Saily Smith 123 Man Speci	16 42 12 + 314	1420
Arytonn OR 57504	DATE	
PAYTOTHE OF		5
		Dalas
ASSESS TOUR ADSCRIPTOR		03133
Memo		
: 105742104 :	5782451<	1420
Routing Transit Number	Account Number	Check Number



## For Credit Card Authorization, complete and return to center management.

CREDIT CARD DAYMEN	P A I I P I A P					
I (we) hereby authorize  (called "CENTER" in this Authorization) to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I (we) understand that the charges to the below referenced credit card account will be based on charges that are due and payable at the time of the credit card transaction. I (we) understand that this agreement is between myself (us) and the below referenced "CENTER". I (we) authorize CENTER to utilize Tuition Express* to any and all liability resulting from any and all transactions. All disputes will be directed to and addressed by and between CENTER and the below signed cardholder. I (we) understand that						
between CENTER and the below signed cardholder. I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give CENTER written notice of revocation. A minimum of 5 business PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.						
Cardholder Name	Phone #					
Cardholder Billing Address	Account Number					
City State Zip	Expiration Date					
Cardholder Signature	Date					
*Tuition Express is an assumed business name of Blum Investment Group, Inc.						
For Official Use Only:	AND THE COMMENT OF TH					
Date Received:						
Employee Signature:						

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express<sup>TM</sup> program.