Automated Payment Processing

Procare SOLUTIONS

Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) ___Carmel Valley Preschool___ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). 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. Check with the center for accepted credit card types.
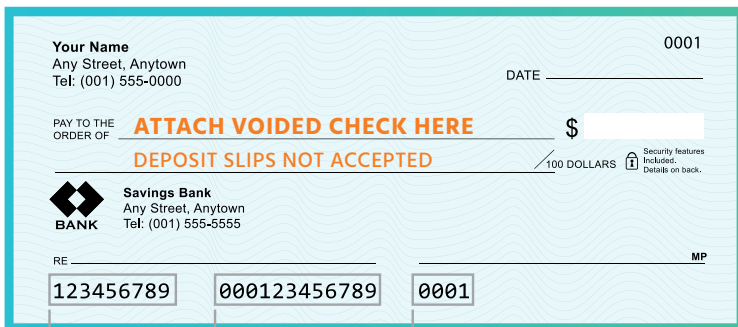
**We accept
VISA and MASTERCARD**

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card) 4% processing fee

Cardholder Name	Phone #

Cardholder Address	City	State	Zip

Account Number	Expiration Date

Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #

Address	City	State	Zip

Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip

Routing Transit Number (see sample below)   Account Number (see sample below)   ☐ Checking   ☐ Savings

Authorized Signature	Date

Your Name
Any Street, Anytown
Tel: (001) 555-0000

0001

DATE _____

PAY TO THE ORDER OF   **ATTACH VOIDED CHECK HERE** $ _____

DEPOSIT SLIPS NOT ACCEPTED   ___/100 DOLLARS   Security features Included. Details on back.

Savings Bank
Any Street, Anytown
Tel: (001) 555-5555
BANK

RE   MP

123456789   000123456789   0001

ROUTING NUMBER   ACCOUNT NUMBER   CHECK NUMBER

FOR OFFICIAL USE ONLY

_____
Date Received

_____
Employee Signature

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