



# Payment authorization for Children's Discovery Center



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.

Child(ren)'s name(s) \_\_\_\_\_

Please complete section A or B. To properly affect the cancellation of this agreement, I (we) are required to give 2 weeks written notice. I understand that a \$30 decline fee will be charged to my account if my payment is declined. \_\_\_\_\_ (initial) I understand that credit card transactions are charged a 3% convenience fee. Bank account withdrawals will incur a \$2.00 fee per draft. \_\_\_\_\_ (initial)

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD and BANK ACCOUNT

I (we) hereby authorize (business name) Children's Discovery Center 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. \_\_\_\_\_ (initial) 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.

### COMPLETE ONE SECTION ONLY

#### SECTION A (Credit Card)

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)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

#### For Official Use Only

Date Received
Employee Signature



A service of



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