

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 when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit <u>www.tuitionexpress.com</u>.

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

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) authorize _______, (called "CENTER" in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize CENTER to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize CENTER to use the third party sender, Tuition Express* to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name	Phone #	DEPOSITORY - Bank or Credit Union Name
Address		Bank or Credit Union Address
City	State Zip	City State Zip Type: Checking Savings
Routing Transit Number ((see sample below)	Account Number (see sample below)

Routing Transie (tamber (see sample below)

This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

Signature

Date

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™ program.

*Tuition Express is an assumed business name of Blum Investment Group, Inc.

John Smith Saily A. Smith	38,4634 (2049)	1420
128 Main Storet Anytown, CR 87 504	DATE	
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Assister Each		Dollars
Anytows, OR 97912 Memo		
105742104: 5782451* 1420	1	

Please attach a copy of a voided check here. Deposit slips not accepted.



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

CREDIT CARD PAYMENT AUTHORIZATION

related payments. I (we) understand that the char charges that are due and payable at the time of th between myself (us) and the below referenced "C capture, create, and transmit all credit card inform any and all liability resulting from any and all tra between CENTER and the below signed cardhol this agreement, I (we) are required to give CE days is required to affect revocation.	(called "CENTER" in this Authorization) to initiate need credit card account for the purpose of collecting childcare reges to the below referenced credit card account will be based on he credit card transaction. I (we) understand that this agreement is CENTER". I (we) authorize CENTER to utilize Tuition Express* to mation. I (we) indemnify and hold harmless, Tuition Express from ansactions. All disputes will be directed to and addressed by and der. I (we) understand that to properly affect the cancellation of ENTER written notice of revocation. A minimum of 5 business
Cardholder Name	Phone #
Cardholder Billing Address	Account Number
City State Zip	Expiration Date
Cardholder Signature	Date
*Tuition Express is an assu	med business name of Blum Investment Group, Inc.
For Official Use Only:	

For Official Use Only:

Date Received: _____

Employee Signature:

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