



Automated Payment Processing
Safe - Convenient - Easy

Please complete both sides

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) St. Catherine ECEC 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.

COMPLETE ONE SECTION ONLY 3% fee

SECTION A (Credit Card)

Form fields for Section A: Cardholder Name, Phone #, Cardholder Address, City, State, Zip, Account Number, Expiration Date, Cardholder Signature, Date

SECTION B (Bank Account) No fee

Form fields for Section B: 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

For Official Use Only

Form fields for official use: Date Received, Employee Signature

Bank of the West voided check stub with fields for payee, amount, and routing/account numbers.

A service of



## Tuition Express Payment Options

### Part 1 Payment Start month and date

- 10 month payments  
 August-May  
 September-June  
 Other \_\_\_\_\_

Date to begin payments: \_\_\_\_\_

### Part 2 Payment option choice

- Weekly- on Friday  
 Biweekly (see part 3)  
 Monthly on the first Friday  
 Other \_\_\_\_\_

### Various situations:

Would you like to include Ext Day & lunch charges in auto withdrawal? Y N

If paying weekly or biweekly in a month with more than 4 weeks, do you wish to have an additional payment withdrawn & pay ahead?

Y N

### Part 3 Payment date choice

- First Friday of the month  
 First & Third Fridays of the month  
 2<sup>nd</sup> & 4<sup>th</sup> Fridays of the month  
 Other \_\_\_\_\_

### Please review and sign

1. First payment is due August 7th, 2020 or as indicated above. Future payments are due by the first Friday of each month or as indicated above
2. Payments that fall on weekend or holiday practice will be drawn the next business day
3. It is the family responsibility to update information for closed accounts and credit card expiration
4. Return fee \$6
5. To make changes to the agreement you must call the office by 12 PM on the day it is scheduled to auto deduct.
6. There is a 3% fee charged for all credit/debit card purchases

I have read and agree to the policies above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date