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)_____ 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

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)	☐ Checking	☐ Savings

Authorized Signature   Date

FOR OFFICIAL USE ONLY

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

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

RE _____

123456789	000123456789	0001
ROUTING NUMBER	ACCOUNT NUMBER	CHECK NUMBER

_____
Date Received

_____
Employee Signature

800.338.3884 • procaresoftware.com

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