Tuition™ Express

We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AUTHORIZATION

I (we) hereby authorize **Montessori Country Day** _____ (business name) to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.
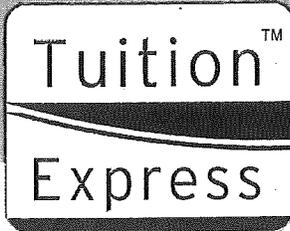
Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

_____

Your Name   Phone #

_____

Address   City   State   Zip

_____

Bank or Credit Union Name

_____

Bank or Credit Union Address   City   State   Zip

☐ Checking   ☐ Savings

_____

Routing Transit Number (see sample below)   Account Number (see sample below)

_____

Signature   Date

☐ Check if you wish to make online payments

For Official Use Only

Date Received

Employee Signature

John Sample
Mary Sample
123 Nice Street
Anytown, USA

BANK OF THE WEST
555-555-5555

00226

Pay to the order of: _____ Attach Voided Check Here ____ $

Deposit slips not accepted   Dollars

⑈123456789⑈ 1800338⑈   0226

Routing Number   Account Number   Check Number

A service of

procare
SOFTWARE®

Tuition™ Express

Will **NOT** be used for tuition payments

Used for hot lunch, field trip, after school classes, childcare, and other miscellaneous charges only.
Your credit card will not be charged without your prior approval.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD AUTHORIZATION

I (we) hereby authorize _____ Montessori Country Day _____ (business name) to initiate credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

Cardholder Name   Phone #

Cardholder Address   City   State   Zip

Account Number   Expiration Date

Cardholder Signature   Date

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For Official Use Only
Date Received
Employee Signature