

## 

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

## **ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT:**

I (we) hereby authorize (business name) \_St. Johns's Preschool

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.

COMPLETE ONE SECTION ONLY

## ST JOHNS EPISCOPAL PRESCHOOL 1623 CARMEL ROAD CHARLOTTE NC 28226

| Your Name                            |   | Phone#                            |                 |
|--------------------------------------|---|-----------------------------------|-----------------|
| Address                              | *   | City                              | State Zip       |
| Bank or Credit Union Name            | Bank or Credit Union Address                                  | City                              | State Zip       |
| Routing Transit Number (see samp     | ole below)  | Account Number (see sample below) | Checking Saving |
| Authorized Signature                 |   |                                   | Date            |
| For Official Use Only  Date Received | John Sample<br>Mary Sample<br>123 Nico Stitet<br>Anytown, USA | gand of the alst<br>669.846 \$546 | A service of    |
| Employee Signature                   | I Didden of   | Voided Check Hiere s              | lajes .         |
|                                      |   |                                   | procare         |

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