



OFFICE USE ONLY	
Student Name:	_____
TE Start Date:	_____
TE Pmt. Amt:	_____
<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

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.

Date: _____

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) Lighthouse Christian Daycare 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 or Debit Card)**

**Please note that all credit or debit card auto payments will have a 3.5% added fee of payment amount.

Cardholder Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Account Number: _____ Expiration Date: _____ CVV: _____

Cardholder Signature: _____ Date: _____

Please check box below for auto draft:
 Bi-Weekly Monthly

SECTION B (Bank Account)

Name _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Bank or Credit Union Name: _____

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

Please check which account for auto draft:
 Checking Savings

Please check box below for auto draft:
 Bi-Weekly Monthly

Authorized Signature: _____

Date: _____