



<u>OFFICE USE ONLY</u>	
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: \_\_\_\_\_

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: \_\_\_\_\_