



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 your bank account

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT

I (we) hereby authorize (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. Check with the center for accepted.

Your Name: _____ Child's Name _____
Cell # _____

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

Bank or Credit Union Name: _____ Address: _____

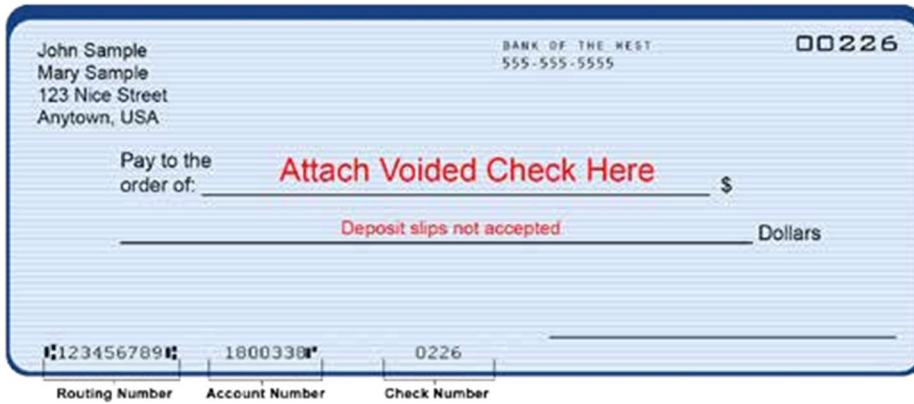
Routing transit Number (see sample below):

Account Number (see sample below):

_____ ___ Checking or ___ Savings

Authorized Signature: _____

For Official Use Only A service of



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



Thank you from A Child's Journey Montessori School