

Please check which payment schedule you would like to follow:



- Full amount charged the 3<sup>rd</sup> business day of the month.
- Half amount charged on the 3<sup>rd</sup> business day and the 18<sup>th</sup> business day of the month.

*For Credit Card Authorization, complete and return to center management.*

### CREDIT CARD PAYMENT AUTHORIZATION

I (we) hereby authorize \_\_\_\_\_ (called "CENTER" in this Authorization) to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I (we) understand that the charges to the below referenced credit card account will be based on charges that are due and payable at the time of the credit card transaction. I (we) understand that this agreement is between myself (us) and the below referenced "CENTER". I (we) authorize CENTER to utilize Tuition Express\* to capture, create, and transmit all credit card information. I (we) indemnify and hold harmless, Tuition Express from any and all liability resulting from any and all transactions. All disputes will be directed to and addressed by and between CENTER and the below signed cardholder. I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give CENTER written notice of revocation. A minimum of 5 business days is required to affect revocation.

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

Cardholder Name \_\_\_\_\_

Phone # \_\_\_\_\_

Cardholder Billing Address \_\_\_\_\_

Account Number \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Expiration Date \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Date \_\_\_\_\_

\*Tuition Express is an assumed business name of Blum Investment Group, Inc.

For Official Use Only:

Date Received: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.



Hop aboard the Tuition Express and never write a check again!

Please check which payment schedule you would like to follow:

- Full amount charged the 3rd business day of the month.
Half amount charged on the 3rd business day and the 18th business day of the month.

For Bank Account Authorization, complete and return to center management

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) authorize \_\_\_\_\_, (called "CENTER" in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize CENTER to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize CENTER to use the third party sender, Tuition Express\* to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

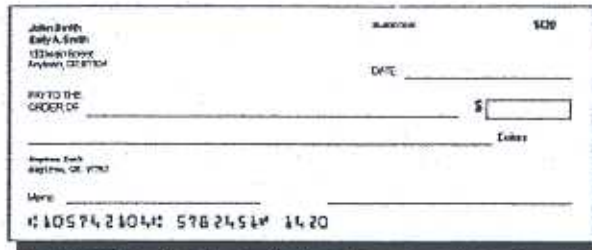
Form with fields for: Your Name, Phone #, DEPOSITORY - Bank or Credit Union Name, Address, Bank or Credit Union Address, City, State, Zip, City, State, Zip, Type: [ ] Checking [ ] Savings, Routing Transit Number (see sample below), Account Number (see sample below)

This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

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Routing Transit Account Check
Number Number Number

Please attach a copy of a voided check here. Deposit slips not accepted.