



HOP ABOARD THE TUITION EXPRESS AND NEVER WRITE A CHECK AGAIN!

I would like to pay

- weekly
- Bi-weekly
- Monthly
- Other _____

Child's Name _____

As your childcare provider, we are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

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

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.

Your Name Phone # _____

Address City State Zip _____

Bank or Credit Union Name _____

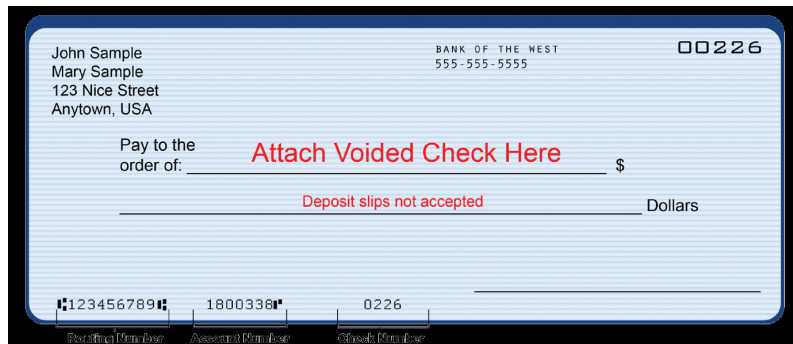
Bank or Credit Union Address City State Zip _____

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

Signature _____

Date _____

Please attach copy of a voided check below—(no deposit slips please)



See other side for Credit card Transfer



*Automated Payment Processing
Safe – Convenient – Easy*



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Child's Name _____

We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made with your credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD AUTHORIZATION

I (we) hereby authorize New Holland Early Learning Center (business name) to initiate recurring credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Cards Accepted

Cardholder Name Phone #

Cardholder Address City State Zip

Credit card Account Number Expiration Date CV code

Cardholder Signature Date

Use other side for check Electronic funds transfer