Automated Payment Processing

Procare SOLUTIONS

Safe. Convenient. Easy.

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.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) _____ 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.
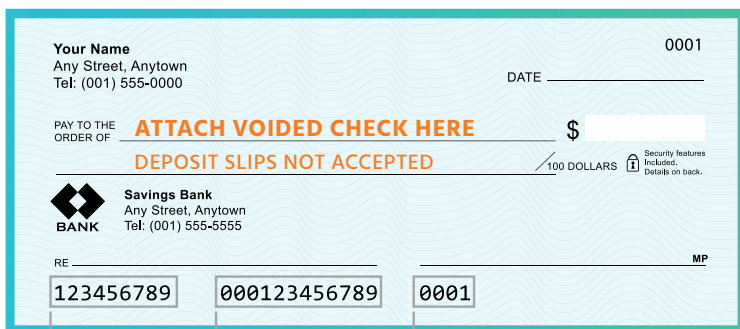
COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name | Phone #

Cardholder Address | City | State | Zip

Account Number | Expiration Date

Cardholder Signature | Date

SECTION B (Bank Account)

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) | ☐ Checking | ☐ Savings

Authorized Signature | Date

Your Name
Any Street, Anytown
Tel: (001) 555-0000

0001

DATE _____

PAY TO THE
ORDER OF **ATTACH VOIDED CHECK HERE** $ _____

DEPOSIT SLIPS NOT ACCEPTED ___100 DOLLARS

Security features
Included.
Details on back.

Savings Bank
Any Street, Anytown
Tel: (001) 555-5555

BANK

RE _____ MP

123456789 | 000123456789 | 0001

ROUTING NUMBER | ACCOUNT NUMBER | CHECK NUMBER

FOR OFFICIAL USE ONLY

_____
Date Received

_____
Employee Signature

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