



As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens-of-thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit [www.tuitionexpress.com](http://www.tuitionexpress.com)

*For Bank Account Authorization, complete and return to center management.*

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) hereby authorize Professional Solutions, as agent on behalf of, \_\_\_\_\_  
to initiate debit entries to my Checking or Savings Account indicated below at the depository financial institution hereafter  
called DEPOSITORY. I (we) authorize Professional Solutions to withdraw sufficient funds to pay my (our) regular childcare  
tuition and/or other childcare related fees which are due and payable. I (we) acknowledge that the origination of ACH  
transactions to my 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.

\_\_\_\_\_  
Your Name

Phone #

DEPOSITORY - Bank or Credit Union Name

Address

Bank or Credit Union Address

City

State

Zip

City

State

Zip

Routing Transit Number (see sample below)

\_\_\_\_\_ Type: ☐ Checking ☐ Savings  
Account Number (see sample below)

This authorization shall remain in full force and effect until I (we) notify you in writing of its termination in such time and in such manner as to afford Professional Solutions - Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Under no circumstances shall this time be less than 5 business days.

Signature \_\_\_\_\_

Date \_\_\_\_\_

(Please attach a copy of a voided check below - deposit slips not accepted)

**John Smith**  
**Sally A. Smith**

PAY TO THE  
ORDER OF \_\_\_\_\_  
\$\_\_\_\_\_

CHECK NO.  
\_\_\_\_\_  
DATE  
\_\_\_\_\_  
AMOUNT \$\_\_\_\_\_

PAY TO THE ORDER OF S [ ]

DUES

American Bank  
Anytown, N.Y.

Memo

\*1092121614 \*S282LSUS LL20\*