



Automated Payment Processing 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.

Child(ren): _____ Site(s): _____

My Email (REQUIRED): _____

Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

I (we) hereby authorize the YMCA of Cass and Clay Counties to initiate debit entries to my (our) Checking or Savings Account or credit/debit card indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days' written notice.

____ I want to be **automatically** bank drafted for the billed amount **on the due date**. (Attach a voided check or bank document.)

____ I want to make tuition payments **online, on my own schedule**, using my **bank account**. I understand that if I choose to use a credit or debit card online at any time, I will begin receiving account maintenance fees each bill period. I understand that after three late payments, I will have the amount due drafted automatically and will be required to change to automatic bank drafts. (Attach a voided check or bank document.)

Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)		Account Number (see sample below)		<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Authorized Signature _____ Date _____
Credit union members: please contact your credit union to verify account and routing numbers for automatic payments.

____ I want to make tuition payments **online, on my own schedule**, using a **credit card**. I understand that I will be charged account maintenance fees each billing period for this convenience. I understand that after three late payments, I will have the amount due drafted automatically and will be required to provide information to change to automatic bank drafts.

Account Number	Expiration Date
Cardholder Signature _____	Date _____

For Official Use Only

Date Received
Employee Signature

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	1800330	0226
Routing Number	Account Number	Check Number

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