Tuition Express®

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.

AUTHORIZATION FOR CREDIT CARD

I (we) hereby authorize _____ 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.

Please contact Center Representative for a list of Credit Cards Accepted as Payment.

Cardholder Name   Phone #

Cardholder Address   City   State   Zip

XXXX-XXXX-XXXX-__ __ __ __

Credit Card Number (Last 4 Digits ONLY)   Expiration Date

Signature   Today's Date

☐ Check if you wish to make online payments   **A service of**

For Official Use Only...

_____
Date Received

_____
Employee Signature

procare
SOFTWARE®

- < Cut Here > -

FULL Credit Card Number   Expiration Date

For Security, please...   Today's Date
    ☐ return this Section of the Authorization Form.

    ☐ Shred this Section of the Authorization Form.