



Student Name: _____
Enrollment Year 2024-2025

TUITION EXPRESS PAYMENT PROCESSING

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR *BANK ACCOUNT AND/OR CREDIT CARD*
I (we) hereby authorize Day School to:

- initiate credit card/debit charges to the below referenced credit card or bank account (**Section A**)
- OR
- initiate Personal Tuition Express Online Account (**Section B**)

To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Please contact your Credit Union and Bank to verify account and routing numbers for automatic payments. Day School accepts Visa, MC, Discover (not American Express). It is the responsibility of the payer to update the school for account changes to avoid a \$25 re-processing fee. Returned payments will be charged a \$25 return payment fee regardless of the reason.

Section A

Choose: Automatic Draft from your Credit Card **OR** Automatic Draft from Bank Account

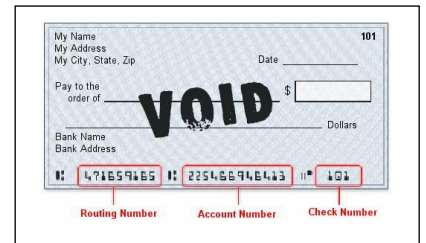
Cardholder/Account Name	Phone #		
Personal Address	City	State	Zip
Credit Card Number	Expiration Date	CVV	
Bank or Credit Union Name			

OR

Bank or Credit Union Address	City	State	Zip
Routing#	Account#		
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings		

Cardholder/Account Signature _____

Date _____



Section B

Choose: Personal Tuition Express Online Payment

Email Address

Attach Voided Check Here

Signature _____