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) <u>King's Town CDC/Calvary Raleigh</u> 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

Student First & Last Name _____

SECTION A (Credit Card) ***2.5 % processing fee**

Cardholder Name _____   Phone # _____

Cardholder Address _____   City _____   State _____   Zip _____

Account Number _____   **CVC Code** _____   Expiration Date _____

Cardholder Signature _____   Date _____

SECTION B (Bank Account) **$.75 processing fee per transaction**

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   (PRINT FORM , SIGN & DATE) _____   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