

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.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) **Trinity-First Weekday Ministries** 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

I understand 3% will be added to each payment to cover processing fees
_____(Initials) _____Date

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date CVV #
Cardholder Signature	Date

**FREE Preferred Method- Draft will be processed 3-5 days after statements are emailed.
The exact date will be stated on the statement.**

SECTION B (Bank Account)

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)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

YOUR NAME
Any Street, Anytown
Tel: (001) 555-0000

DATE _____

PAY TO THE ORDER OF **ATTACH VOIDED CHECK HERE** \$ _____
DEPOSIT SLIPS NOT ACCEPTED

Savings Bank
Any Street, Anytown
Tel: (001) 555-5555

RE **123456789** **000123456789** **0001** RP

FOR OFFICIAL USE ONLY

Date Received
Employee Signature

ROUTING NUMBER ACCOUNT NUMBER CHECK NUMBER

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