



FOR OFFICE USE:
 Parent Name: _____
 Child(ren): _____

As your after-school childcare provider, we are excited to offer you the convenience of automatic YW-Care payments through Tuition Express. Tuition Express is a service of the ProCare software program we use for all YW-Care enrollment and financial operations. You no longer need to write a check, remember to call with your credit card number, or stop by the office with cash at the end of a hectic day. Your payment will be safely and securely processed by YW-Care and Tuition Express, giving you peace of mind that your fees have been paid on time! It's easy to enroll and even easier to participate.

Join tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express!
 To learn more about Tuition Express and automatic payment notifications, please visit www.tuitionexpress.com.

For Bank Account Authorization, complete and return to the YWCA of Lubbock.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) authorize the YWCA of Lubbock to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize the YWCA of Lubbock to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize the YWCA of Lubbock to use the third party sender, Tuition Express®, to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

 Your Name Phone # DEPOSITORY - Bank or Credit Union Name

 Your Street Address Bank or Credit Union Street Address

 Your City, State Zip Bank or Credit Union City, State Zip

Account Type (circle): Checking Savings **Billing Cycle* (circle):** Weekly on Fridays OR Monthly on: 3rd
 * draft will occur on the next business day if the billing cycle date falls on a weekend or holiday
 * should post to your account within 2 business days after draft date

 Routing Transit Number (see sample below) Account Number (see sample below)

This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 (five) business days in advance of the termination date.

 Signature Date

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

*Tuition Express is an assumed business name of Blum Investment Group, Inc.



Routing Transit Account Check
 Number Number Number

Please attach a copy of a voided check here. Deposit slips not accepted.
If you have a balance when you withdraw from the program, the balance will immediately be drafted from your account. For all returned drafts, there will be a \$15 fee.



FOR OFFICE USE:
 Parent Name: _____
 Child(ren): _____

For Credit Card Authorization, complete and return to the YWCA of Lubbock.

CREDIT CARD PAYMENT AUTHORIZATION

I (we) hereby authorize the YWCA of Lubbock to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting childcare-related payments. I (we) understand that the charges to the below referenced credit card account will be based on charges that are due and payable at the time of the credit card transaction. I (we) understand that this agreement is between myself (us) and the YWCA of Lubbock. I (we) authorize the YWCA of Lubbock to utilize Tuition Express® to capture, create, and transmit all credit card information. I (we) indemnify and hold harmless Tuition Express from any and all liability resulting from any and all transactions. All disputes will be directed to and addressed by and between the YWCA of Lubbock and the below signed cardholder. I **(we) understand that to properly affect the cancellation of this agreement, I (we) are required to give the YWCA of Lubbock written notice of revocation. A minimum of 5 business days is required to affect revocation.**

_____	_____
Cardholder Name	Phone #
_____	_____
Cardholder Billing Address	Credit Card Number
_____	_____
Cardholder Billing City, State Zip	Expiration Date
_____	_____
Cardholder Signature	Date

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FOR YWCA USE ONLY

Date Received: _____

Employee Signature: _____