



Automated Payment Processing Safe – Convenient – Easy

Please note: Credit Card convenience fee of 2% apply to all credit card payments

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

For Official Use Only...

Date Received

Employee Signature

A service of



- - - - - < Cut Here > - - - - -

FULL Credit Card Number	Expiration Date
For Security, please...	Today's Date
<input type="checkbox"/> return this Section of the Authorization Form.	
<input type="checkbox"/> Shred this Section of the Authorization Form.	



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AUTHORIZATION FOR **BANK ACCOUNT**

I (we) hereby authorize _____ to initiate debit entries to my (our) Checking or Savings Account indicated below. 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.

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____ Bank or Credit Union Address _____ City _____ State _____ Zip _____

XXXXX ____-____-____ XXXXXXXX ____-____-____ ☐ Checking ☐ Savings

Routing Number (Last 4 Digits ONLY) _____ Account Number (Last 4 Digits ONLY) _____

Signature _____ Today's Date _____

☐ Check if you wish to make online payments

For Official Use Only...

Date Received

Employee Signature

123456789 Routing 000123456789 Accounting

A service of



- - - - - < Cut Here > - - - - -

Routing Transit Number _____ Account Number _____ ☐ Checking ☐ Savings

For Security, please...

Today's Date

☐ return this Section of the Authorization Form.

☐ Shred this Section of the Authorization Form.