

TUITION

Express

ProCare Software

For Credit Card Authorization, complete and return to center management.

CREDIT CARD PAYMENT AUTHORIZATION

I (we) hereby authorize _____ (called "CENTER" in this Authorization) 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 below referenced "CENTER". I (we) authorize CENTER 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 CENTER and the below signed cardholder. **I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give CENTER written notice of revocation. A minimum of 5 business days is required to affect revocation.**

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

Cardholder Name

Phone #

Cardholder Billing Address

Account Number

City

State

Zip

Expiration Date

Cardholder Signature

Date

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

For Official Use Only:

Date Received: _____

Employee Signature: _____

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.

Please draft my account for tuition on the 5th 15th 20th of each month.

EMMANUEL LUTHERAN SCHOOL
Asheville, North Carolina

CREDIT CARD PAYMENT AUTHORIZATION ADDENDUM

Credit card payments through Tuition Express is an automatic tuition payment service by which your child's monthly tuition is automatically charged to your credit card in equal monthly payments. The transaction will be processed each month on the 5th, 15th, or 20th. Please specify your choice of the following:

_____ I choose to pay tuition for my child(ren) through Tuition Express Credit Card Payment, in 10 equal payments beginning in **August** and continuing through **May**, on the date designated below:

_____ I choose to pay tuition for my child(ren) through Tuition Express Credit Card Payment, in 12 pro-rated payments beginning in **June** and continuing through **May**, on the date designated below. **(NOTE: THIS OPTION IS AVAILABLE TO 10-MONTH STUDENTS ONLY.)**

(CHECK ONE DATE OF YOUR CHOICE) 5th _____ 15th _____ 20th _____

IMPORTANT: Emmanuel Lutheran School is unable to bear the cost of processing credit cards; this option is being extended to you as a convenient alternate method of paying your child's tuition. Therefore, the school will bill your credit card for this service at the rate of \$10.00 per transaction, to be included in the total charged to your card. We can process ONLY Visa, Mastercard and Discover cards.

Who is responsible for finances? (circle one): Both Parents Father Mother Step-parent Guardian

I, the undersigned, do hereby certify this information to be correct and factual, and do hereby agree to adhere to the policies and regulations as required by Emmanuel Lutheran School. I have read the above agreement and I do understand that my account will be billed a service fee of \$10.00 per transaction, and do hereby agree to fulfill all obligations hereof. **NOTE: ALL PARTIES RESPONSIBLE FOR PAYMENT MUST SIGN.**

Signature of Responsible Party

Relationship

Date

Signature of Responsible Party

Relationship

Date