



Payment Authorization Form

Please complete the Procure Solutions Payment Authorization form to authorize Montessori Center Room to process your tuition and fee payments through Tuition Express. This allows your payments to be automatically deducted from your bank account or charged to your credit card.

Automatic Payments Will Make Your Life Easier:

It's convenient (saving you time and checks). Your payment is always on time (even if you're out of town), eliminating late charges.

Here's How Recurring Payments Work:

You authorize regularly scheduled (or one-time) charges to your checking or savings account or credit card.

You will be charged on the 15th of the month the amount indicated on your Tuition Contract and on the 1st of the month the amount indicated on your Enrichment Contract (if applicable). The charge will appear on your bank or credit card statement. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notices from us at least 10 days prior to the payment being collected.

Parent Signature _____ Date: _____

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) _____ 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

SECTION A (Credit Card)

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

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			



ROUTING NUMBER ACCOUNT NUMBER CHECK NUMBER

FOR OFFICIAL USE ONLY

Date Received
Employee Signature

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