



ProCare Software

# Hop aboard the Tuition Express and never write a check again!

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit [www.tuitionexpress.com](http://www.tuitionexpress.com).

## For Bank Account Authorization, complete and return to center management

### ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) authorize \_\_\_\_\_, (called "CENTER" in this Authorization) 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 CENTER 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 CENTER 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 _____                             |             |           |
| Address _____   |             |               | Bank or Credit Union Address _____                                       |             |           |
| City _____      | State _____ | Zip _____     | City _____   | State _____ | Zip _____ |
|                 |             |               | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |             |           |

|  |  |
|--|--|
| <b>Routing Transit Number</b> (see sample below) _____ | <b>Account Number</b> (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 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 Number | Account Number | Check Number |
|------------------------|----------------|--------------|

**Please attach a copy of a voided check here. Deposit slips not accepted.**



**AYS, INC.**

4755 Kingsway Drive, Suite 300  
Indianapolis IN 46205  
Phone # (317)-283-3817  
Fax #317-283-3840

Parent/Guardian Name \_\_\_\_\_ AYS  
Program \_\_\_\_\_  
Child's Name \_\_\_\_\_ Program Code \_\_\_\_\_ (office use)

To pay my child's (children's) fees for youth services provided by AYS, Inc., I hereby authorize AYS, Inc. to withdraw from my checking or savings account:

- | <u>When:</u>  | <u>Amount</u> | <u>Start date</u> | <u>End date</u> |
|---|---------------|-------------------|-----------------|
| <input type="radio"/> The 1 <sup>st</sup> of each month                   | \$ _____      | _____             | _____           |
| <input type="radio"/> The 1 <sup>st</sup> and 15 <sup>th</sup> each month | \$ _____      | _____             | _____           |
| <input type="radio"/> One time  | \$ _____      | _____             |                 |

I hereby acknowledge that this payment will continue for the agreed period or until I give AYS, Inc. a two-(2) week written notification to cease said payment.

Revised July 2010