Bank Account Authorization

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

AYS Program site_____ Program Code _____
(office use)

Parent/Guardian Name _____

Child's Name _____

To pay my child's (children's) fees for youth services provided by AYS, Inc., I hereby authorize AYS, Inc. to initiate debit entries to my Checking or Savings Account indicated on the Tuition Express Bank Account Authorization Form.

One Time Option

Payment amount $ _____

Monthly Option (please choose one)

☐ The **1st** of each month ☐ The **1st** and **15th** of each month

The payment amount will vary monthly according to the weekly school schedule. A schedule of monthly payment amounts will be emailed to you.

The charges begin _____ _____
Month Year

The charges end _____ _____
Month Year

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

_____ _____
Card Holder Signature Date

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TUITION Express
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.

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.

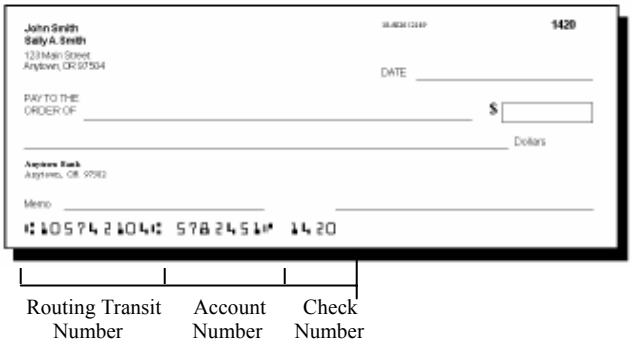
Your Name	Phone #	DEPOSITORY - Bank or Credit Union Name
Address		Bank or Credit Union Address
City	State Zip	City State Zip
		Type: ☐ Checking ☐ Savings
Routing Transit Number (see sample below)		**Account Number** (see sample below)

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 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.



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