



You may schedule your Tuition Express Payments Weekly, Bi-weekly or Monthly*. Your Tuition Express payment start date will be determined by the schedule option you choose below.

Please complete and return to Child Care Office

Parent(s) Name(s): _____

Child(ren) Name(s): _____

Start Date, Monday: ____/____/____

I would like my Tuition Express Payments to be scheduled:

*Please note: County Families will be billed on a weekly basis only.

Choose one:

____ **Weekly** (every Monday)

____ **Bi-weekly** (every other Monday)

Indicate billing start date:

Monday, ____/____/____

____ **Monthly** (first Monday of each Month)

Note, if there are 5 Mondays in a month, your account will be billed for 5 weeks

Parent's Signature

Date

Questions? Please contact Tara Ferguson at 715-246-3199 or TaraF@firstdaynr.org

Billing Questions? Please contact Sarah Reas at 715-400-5772 or Finance@firstdaynr.org

<p>For Office Use Only: ____ Entered - Pending Approval</p> <p>____ Approved, start date: Monday, ____/____/____</p>

Checking or Savings - Free



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 First Lutheran Child Care, (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		

Routing Transit Number (see sample below) _____	Account Number (see sample below) _____
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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 _____
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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
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Please attach a copy of a voided check here. Deposit slips not accepted.

