

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) St. Catherine ECEC 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.

SEE OTHER SIDE →

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card) 3% Fee

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

SECTION B (Bank Account) No Fee

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
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Your Name
Any Street, Anytown
Tel: (001) 555-0000

DATE _____ 0001

PAY TO THE ORDER OF ATTACH VOIDED CHECK HERE \$ _____

DEPOSIT SLIPS NOT ACCEPTED / 100 DOLLARS Security features included. Details on back.

Savings Bank
Any Street, Anytown
Tel: (001) 555-5555

RE _____ MP _____

123456789 000123456789 0001

ROUTING NUMBER	ACCOUNT NUMBER	CHECK NUMBER
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FOR OFFICIAL USE ONLY

Date Received
Employee Signature

800.338.3884 • procaresoftware.com

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Tuition Express Payment Options

(please complete all parts)

Part 1 Payment Start Month and Date (select one)

☐ 10 monthly payments Please indicate that date which the payments should begin _____

☐ Aug-May

☐ Sept-June

Part 2 Payment Frequency

☐ weekly on Friday ☐ other _____

☐ monthly on first Friday

☐ biweekly beginning on the date indicated in Part 1

Part 3 Charges

Would you like autopayments to include lunch, extended day, snack and other charges? y N

Please review and sign

- 1** First payment is due August 1st, 2025 or as indicated above. Future payments are due by the first Friday of each month or as indicated above
- 2** Payments that fall on weekend or holiday practice will be drawn the next business day
- 3** It is the family responsibility to update information for closed accounts and credit card expiration
- 4** Return fee \$6
- 5** To make changes to the agreement you must call the office by 12 PM on the day it is scheduled to auto deduct.
- 6** There is a 3% fee charged for all credit/debit card purchases

I have read and agree to the policies above.

Signature

Date