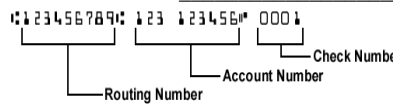


PAYMENT AUTHORIZATION FORM

Redeemer Lutheran Preschool
1545 Chain Bridge Road, McLean, VA 22101
703-356-3567

We are excited to offer the safety, convenience and ease of Tuition Express® (service of ProCare Software) – a payment processing system that allows on-time tuition and fee payments to be made from either a bank account (free) or credit card with a 3% fee. To cancel this agreement, I(we) are required to give 30 days written notice.

FOR OFFICE USE ONLY	STUDENT #: _____	DATE: _____
Effective date of authorization: ____/____/____ Name of student: _____ Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change payment amount <input type="checkbox"/> Discontinue electronic payment <input type="checkbox"/> Change payment date		
Last Name		First Name
Address		
City		State Zip
Email		Phone
TUITION PAYMENTS ARE DUE THE FIRST OF EACH MONTH AND ARE NON-REFUNDABLE. CHECKING OR SAVINGS ACCOUNT PAYMENTS ARE AT THE CASH RATE. CREDIT CARD PAYMENTS HAVE A 3% PROCESSING FEE.		
Date of first payment: ____/____/____ Date of last payment (optional): ____/____/____	Payable the 1 st of each month Tuition Amount: \$ _____ (Oct-Apr) AfterCare Fee: \$ _____ LunchBunch: \$ _____ One Time Authorization \$ _____ on ____/____/____	Tuition Deposit Payment Option 1 \$ _____ on ____/____/____ Option 2a \$ _____ on ____/____/____ Option 2b \$ _____ on ____/____/____
CHECKING / SAVINGS	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below) Bank Name: _____	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 
	I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. Authorized Signature: _____ Date: _____	
CREDIT / DEBIT CARD with 3% Fee.	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
	Card Number: _____	Expiration Date: _____
	Name on Card: _____	
	Billing Address (if different from above): _____	
	I authorize the above organization to process transactions in accordance with the information above. Signature (as it appears on the card): _____ Date: _____	