



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 creditcard.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize **Concordia Lutheran School** 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.

STUDENT NAME _____

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

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

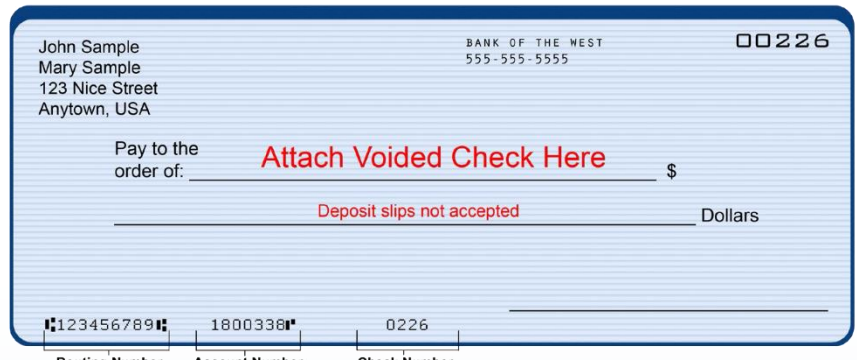
SECTION B (Bank Account)

Your Name		Phone #	
Address	City	State	Zip
Bank or Credit Union Name			
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings		

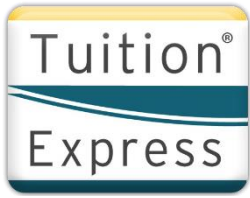
Routing Transit Number (see sample below)	Account Number (see sample below)	Authorized Signature
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For Official Use Only

Date Received
Employee Signature



Concordia Lutheran School - 2023-2024



Credit Card On File

I, _____ authorize **Concordia Lutheran School** to charge to my credit card listed below for any invoice of services provided for my child/children, which has not been paid within 30 days of due date. Should I have any problems with my bill I will notify the school in writing prior to the due date. I have provided my credit card billing information voluntarily and acknowledge full financial responsibility for all charges incurred, because of services provided to us.

PLEASE COMPLETE THE SECTION BELOW

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Visa

MasterCard

American Express

Discover

Account Number _____ Expiration Date _____

Cardholder Signature _____ Date _____