For tuition payments, **CCSC’s preferred method of payment is through electronic funds transfer.** CCSC does accept credit card payments for tuition; however, credit card transactions are very costly for the Center as it must pay a fee of 3% to 7% on every credit card transaction. These fees add up, costing CCSC thousands of dollars each year. If you are able, please help CCSC avoid these fees by opting to pay your tuition bill via electronic fund transfer or check.*

Thank you!

*Note: if you do not have checks, you may get your routing and account numbers from your bank and have your payment processed electronically.
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.
For Credit Card Authorization, complete and return to center management.

CREDIT CARD PAYMENT AUTHORIZATION

I (we) hereby authorize ________________________________ (called “CENTER” in this Authorization) to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I (we) understand that the charges to the below referenced credit card account will be based on charges that are due and payable at the time of the credit card transaction. I (we) understand that this agreement is between myself (us) and the below referenced “CENTER”. I (we) authorize CENTER to utilize Tuition Express* to capture, create, and transmit all credit card information. I (we) indemnify and hold harmless, Tuition Express from any and all liability resulting from any and all transactions. All disputes will be directed to and addressed by and between CENTER and the below signed cardholder. **I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give CENTER written notice of revocation. A minimum of 5 business days is required to affect revocation.**

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

<table>
<thead>
<tr>
<th>Cardholder Name</th>
<th>Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardholder Billing Address</td>
<td>Account Number</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Cardholder Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

*Tuition Express is an assumed business name of Blum Investment Group, Inc.

For Official Use Only:

Date Received: _________________________________

Employee Signature: ____________________________

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.