



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2018-2019 Liberty Bell Elementary Registration Packet

Office Use Only:

Date: _____

Start Date of Child: _____

Packet Complete: (initials) _____

Membership Complete: (initials) _____

BUILDING FIRM FOUNDATIONS

BEFORE & AFTER SCHOOL SCHOOL AGE CHILD CARE

Greater Valley YMCA
1524 West Linden Street
Suite 209
Allentown, PA 18102
610-438-6065
www.gv-ymca.org

HIGHLIGHTS

- Registration Now Open
- Department of Human Services Licensed
- Website: www.gv-ymca.org

EOE/EOP

SAFE • FUN • AFFORDABLE



2018 LIBERTY BELL ELEMENTARY

HOW TO REGISTER

To register simply complete the attached registration packet and return to the Greater Valley YMCA 1524 West Linden Street Allentown, PA 18102

CONFIRMATIONS

- The Administrative Office will send a confirmation packet to the email address provided once your registration is accepted. Incomplete paperwork will delay the registration process.
- Waiting List Status will be notified by phone.

PAYMENT INFORMATION

- The first week's tuition payment is due 7 days before start date.
- Tuition payments are due on the first program day of the week/month; by 6:0pm; as per Parent Agreement Form Payment Option selected. Payments not received on time will result in a \$10.00 late payment fee.
- **Electronic Credit Card Transfer:** Credit Card Payments will automatically be processed on scheduled due dates as per your parent agreement.
- **Electronic Bank Draft Transfer:** Bank Accounts will be drafted on scheduled due dates as per your parent agreement.
- **On-Line Payments:** On-line parent access to Tuition Express website to make payments.
- **CASH/CHECK/MONEY ORDER:** For families who do not have a checking account and/or credit card, cash payments will be accepted. Approval must be obtained from Accounting Manager prior to picking this option by submitting a hardship letter.

ACCOUNT STATEMENTS

- Statements will be e-mailed after transactions have been applied to account, as per family's request.

ENROLLMENT CHECKLIST

- Emergency Contact Form: Signature & date required
- Agreement Form: Signature & date required
- Tuition Express Registration Forms
- Tuition Express Credit Card or Bank Draft Form
- Copy of your child's Birth Certificate
- Copy of your child's Medical Insurance Card
- Authorization and Permission for Medical Treatment Form
- Health Appraisal: Must be received 30 days from start date. Due as follows:
 - Age 6 and older - Every other year
- Child Intake Form: Signature and date required
- \$50 Registration Fee
- First week's tuition payment

Paperwork must be updated every six months and/or when changes have occurred, as per DHS regulations.

CLASSROOM ASSIGNMENT

SCHOOL AGE PROGRAM

Classroom Assignment

- School Age Care
 - Before School
 - After School

Waiting List

- School Age Care
 - Before School
 - After School

WELCOME PACKET CHECKLIST

- Staff Bio
- Schedule
- Parent Handbook
- Original Agreement to Parent
- Health Assessment Form
- Program Calendar

REGISTRATION OFFICE CONTACT

Crystal Messer – Vice President of Child Care
(610)438-6065 ext. 113
cmesser@gv-ymca.org



2018 Liberty Bell Agreement Form

Child's Name: _____

Date of Birth: _____ Age: _____

Parent/Guardian Name: _____

Date of Admission: _____ Date of withdrawal: _____ Grade: _____

Enrollment Options	Times	Days Per Week	Registration Fee	Rate	Weekly Tuition
AM Program	7:00am until school starts	Monday through Friday	<input type="checkbox"/> \$50.00 Per family (On Time Fee)	<input type="checkbox"/> \$48.00 Per week	\$
PM Program After school until 6:00pm	After school until 6:00pm	Monday through Friday	<input type="checkbox"/> \$50.00 Per family (On Time Fee)	<input type="checkbox"/> \$65.00 Per week	\$
AM & PM Program	7:00am to Start of school & after school until 6:00pm	Monday through Friday	<input type="checkbox"/> \$50.00 Per family (On Time Fee)	<input type="checkbox"/> \$90.00 Per week	\$

FINANCIAL POLICY & PROCEDURE

- Payment Due Date:** First program day of the week/month; by 6:00pm; as per Parent Agreement Form Payment Option selected.
- Absences/ Holidays:** Parent/Guardian is responsible for paying the required tuition amount each week. No credit will be given for day/days not in attendance.
- Late Payment Fee:** \$10.00 fee will be assessed for payment that has not been received by the end of the business day on the first program day of the week/month. Consistent late payments will result in a mandatory credit card/bank draft option.
- Outstanding Balances:** If your child has an outstanding balance your child will be declined the ability to maintain an active status, transition to a new classroom/program, register at another YMCA, transfer records, or obtain end of year statements until the account balance is current or paid in full.
- Returned Bank Draft:** A \$35.00 fee per NSF bank draft will be assessed; future payments may be required in the form of cash.
- Declined Credit Card:** A \$25.00 fee will be applied each time a credit card is declined for any reason.
- Late Pick Up Fee:** \$20 for the first 15 minutes past program hours selected and \$1.00 each minute thereafter.
- Refunds/Credit Policy:** The registration fees and first week's tuition due at the time of registration is nonrefundable.
- Change of Program Fee:** A \$15.00 fee will be assessed for switching program options and changing rates.

SUBSIDY PROVIDER INFORMATION

- YMCA EITC Financial Assistance _____ % approved
Start Date: _____ End Date: _____
- YMCA Financial Assistance _____ % approved
Start Date: _____ End Date: _____
- YMCA Adjustment \$ _____
Start Date: _____ End Date: _____
- State Subsidy (Current Agreement Form and/or Confirmation must be on file prior to tuition adjustment.)
 - Northampton County CCIS
 - Lehigh County CCIS
 - Bucks County CCIS
 - Other: _____
 - Case Worker: _____
 - Phone Number: _____
 - Title XX Copay: \$ _____
 - YMCA Copay: \$ _____

PAYMENT OPTION FORM

- *Registration Application will not be processed without Registration Fee and 1st week's tuition payment.*

Payment Plan

- Weekly Tuition Payments (Cash/Check/Money Order Option Only)
- Every Other Week Tuition Payments (Credit Card/Bank Draft/On-Line)
- Monthly Tuition Payments (Credit Card/Bank Draft/On-Line)

Method of Payment

- Cash (exact change only-no change available)
- Credit Card Draft
- Bank Draft
- Parent On-Line Payment

Bank Draft: (Please attach a Voided Check and complete Tuition Express Forms)
 Electronic Bank Draft Transfer as per my Payment Option: \$ _____
 \$ _____ (Monthly: 4 Monday) \$ _____ (Monthly: 5 Monday)
 Signature: _____ Date: _____

Credit Card (Please complete Tuition Express Forms)

Master Card Visa Discover
 Credit Card # _____ Exp. Date: _____
 Electronic Credit Card Transfer as per my payment Option: \$ _____
 \$ _____ (Monthly: 4 Monday) \$ _____ (Monthly: 5 Monday)
 Signature: _____ Date: _____

Person(s) designated by parents to whom their child may be released:

I, the parent/guardian have reviewed and approved this registration information. I have read, understand and agree to comply with the YMCA's payment procedures and policies. I understand that my child will become ineligible for participation in the child care program if payment has not been received by the YMCA prior to or on scheduled due date. I agree to update the emergency contact, parent consent form, agreement form and health appraisal forms information whenever changes occur or every six months at a minimum (DHS Standards - 3270.124, 3280.124, 3290.124). I agree to a two-week written notice to the Child Care Director prior to my child's last day in the program. The YMCA will not provide care on days where school is closed.

Parent/Guardian Signature: _____ Date: _____ Parent/Guardian Email address: _____

Parent/Guardian Signature: _____ Date: _____ (6 Month update)

Mailing Address: _____ City: _____ Zip: _____

Director's Signature: _____ Date: _____ Original Admission Date: _____

Procure Date: _____ Confirmation Sent: _____ Billing Date: _____



Liberty Bell Elementary 2018 Authorization for Medical Treatment

In case of an emergency due to illness or accident, when it is thought advisable to have immediate medical attention for my child, I hereby authorize the Greater Valley YMCA to send my child to the nearest hospital: _____.

- I agree to meet the teacher at the hospital as soon as possible after being notified.
- I understand that I must bear all expenses involved, including those incurred to transport my child to the hospital.
- In the event of a minor injury, I authorize the Greater Valley YMCA to administer basic First Aid to my child.
- If no hospital is listed, emergencies will be addressed at St. Luke's Hospital-Quakertown Campus

Permission Form

Child's Name: _____ Parent's Name: _____

I give permission ✓	I <u>do not</u> give permission ✓	Action Item	Parent Signature
		Sunscreen/Lotion: Permission for the staff to apply sunscreen/lotion to my son/daughter that I will provide.	
		Picture: Permission to use photographs of my child taken during the program for social media to include but not limited to, the website, Facebook, Twitter, and text.	
		Picture: Permission to use photographs of my child taken during the program or YMCA events, ONLY within the Greater Valley YMCA.	
		Picture: Permission to use photographs of my child taken during the program or YMCA events, for publication or display.	
		Allergy: Permission to post my child's allergies in their classroom or binders.	
		Hand Sanitizer: To use the provided hand sanitizer to supplement the hand washing regulations from the PA Department of Child Development and Early Learning (see 55PA.Code 3720.134, 3280.134 and 3290.134, relating to child Hygiene).	
		Emergency Operations Plan: I agree that I have received, reviewed and understand the information on the Emergency Operations Plan for the Greater Valley YMCA. I understand that persons listed on the Emergency Contact Sheet will be designated custodians for release of my child.	
		SACC Portfolio System - Permission for my son /daughter's developmental progress to be assessed, as a requirement for PA Keystone STARS Accreditation.	
		Child Abuse Prevention and Parent Statement of Understanding: I have read and understand the Child Abuse Prevention and Parent Statement of Understanding.	
		Child Care Handbook: I have received, understand and agree to follow all procedures and policies stated in the Greater Valley YMCA Family Handbook.	

Greater Valley YMCA

2017-2018 EMERGENCY CONTACT / PARENTAL CONSENT FORM

CHILD'S NAME		BIRTH DATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		CELL NUMBER
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
BUSINESS ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		CELL NUMBER
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
BUSINESS ADDRESS		
EMERGENCY CONTACT PERSON - NAME (1)		DAYTIME PHONE NUMBER
EMERGENCY CONTACT PERSON - NAME (2)		DAYTIME PHONE NUMBER
EMERGENCY CONTACT PERSON - NAME (3)		DAYTIME PHONE NUMBER
PERSON TO WHOM CHILD MAY BE RELEASED - NAME / ADDRESS (1)		DAYTIME PHONE NUMBER
PERSON TO WHOM CHILD MAY BE RELEASED - NAME / ADDRESS (2)		DAYTIME PHONE NUMBER
PERSON TO WHOM CHILD MAY BE RELEASED - NAME / ADDRESS (3)		DAYTIME PHONE NUMBER
NAME OF CHILD'S PHYSICIAN / MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES INCLUDING MEDICATION REACTION
MEDICAL OR DIETARY INFORMATION NEEDED IN AN EMERGENCY		MEDICATION, SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE		ADMINISTRATION OF MINOR FIRST - AID PROCEDURES
WALKS AND TRIPS		SWIMMING
TRANSPORTATION BY THE FACILITY		WADING

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE

Date of Exam:

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION
 This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
 YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.
	VISION (subjective until age 3)
	HEARING (subjective until age 4)
	LEAD

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/ID						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.

Greater Valley YMCA 2017-2018 Intake Form

Child's Name: _____

Thank you for choosing the Greater Valley YMCA. We are happy to have you and your child with us. In order for us to serve your child's needs, we ask that you please complete the following form with information regarding your child's preferences.

Has your child ever been in Child Care before? _____
If yes, which Child Care program? _____

Are there any needs or fears we should know about:

What is your child's preference for social interactions?

Is there any other information that we should know that will help your child transition into Child Care?

Would you like a meeting with your child's teacher prior to him/her starting?
___ Yes ___ No

Do you have an IEP, IFSP, special needs assessment, or other documentation? If so, please attach it for our records. ___ Yes ___ No

Are there any behaviors you are aware of that your child may need assistance from the staff in? If yes, please list.

Are there people who you would like us to contact who have worked with your child?
___ Yes ___ No

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Permission for Release of Information: Greater Valley YMCA has my permission to obtain records and discuss information pertaining to my child with agencies involved in the care and development of my child.

Parent signature Date

Director Signature Date

Office Use Only
Action to be taken:

This paper is provided for general information purposes and is not intended to substitute for legal advice on specific issues.

2018-2019 School Year

STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read the information, sign the form and return to the YMCA. A copy will be placed in your child's file.

- I understand that my child will not be allowed to leave with any unauthorized person. All persons authorized to pick up my child, including older siblings or other relatives, must be listed with the YMCA and must be at least 18 years of age. Any other arrangements must be made by calling the Y Childcare Services office at 610-438-6065 x 113.
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.
- I understand that the YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that YMCA staff and volunteers are not allowed to babysit or transport children at any time outside the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.
- I understand that I am not to leave children unattended. I will wait for YMCA staff or volunteer to receive and supervise the child.
- I understand that children should not receive excessive gifts (e.g., TV, video games, jewelry) from YMCA staff or volunteers, and that I should report this to a supervisor if they do.

I understand that I can help ensure my child's safety by taking an active interest in his or her YMCA experience. I, too, will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.

Parent Signature _____ Date _____

2018-2019 School Year

EMERGENCY OPERATIONS PLAN

The Y recognizes safety as our first priority for all children attending Y programs. With this in mind, the Y has developed a comprehensive Emergency Operations Plan (EOP) that provides for a response to all types of emergencies. The specifics of the plan are located at the Greater Valley YMCA Program locations and can be viewed at any time upon request.

Depending on the circumstances of the emergency, children may be relocated to a different part of the facility and/or off site to a temporary shelter. Children will remain there until all is clear and/or accommodations for parent pick up have been established. Once children are in a safe location and/or emergency has been cleared families will be contacted.

Immediate Evacuation: If there is an immediate evacuation of the Y, children will be evacuated to the Family Life Fellowship located at 212 N. Main Street Coopersburg, PA or Greater Valley YMCA Allentown Branch located at 425 South 15th Street Allentown, PA. Transportation will be provided by Jennings Bus Company or a Y vehicle.

In-Place Shelter: Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best response. Greater Valley YMCA will take cover in the bathroom adjacent to the cafeteria

Modified Operation: This may include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in instances of a winter storm or building problems (such as utility disruptions) that make it unsafe for students.

Please listen to WFMZ-TV Channel 69 for announcements relating to any of the emergencies listed above. You may visit www.wfmz.com, www.gv-ymca.org or [www.facebook.com/Greater](https://www.facebook.com/GreaterValleyYMCA) Valley YMCA for updates.

We do ask that you refrain from calling during an emergency. This will keep the main telephone line free to make emergency calls. We will call you to let you know if we have taken one of the precautions listed here and/or when it is safe for you to pick up your child at the Y or the relocation site. The designated persons to pick up your child during an emergency is listed on the Emergency Contact Form included in the registration packet.

If an emergency forces school to close, please do not attempt to bring your child to the Y. We urge all families to have their own plan in place. Your plan should include a predetermined meeting spot for all family members along with designated family member and/or friend who are able and available to pick up your child in the event of an emergency.

In order to assure the safety of your child and our staff, we ask for your understanding and cooperation. Should you have additional questions regarding our Emergency Operations Plan, please contact the Vice President of Child Care at the Greater Valley YMCA office.

[Receipt of this document acknowledged on Emergency Contact and Authorization form and page 5]



Automated Payment Processing
Safe – Convenient – Easy



PROCESSING TIMELINES

Tuition Express POS Processing Timeline

Point of Sale credit card transactions – card swipes – immediately hit the customer’s card and funds should deposit into the center’s account on the second business day.

- Monday POS transactions deposit to your account on Wednesday.
- Tuesday POS transactions deposit to your account on Thursday.
- Wednesday POS transactions deposit to your account on Friday.
- Thursday POS transactions deposit to your account on Monday.
- Friday POS transactions also deposit to your account on Monday.

Tuition Express Online Payment Processing Timeline

Day 0	Day 1	Day 2	Day 3	Day 4
Payments processed and customer’s credit cards debited at 1pm Pacific. Payments ready for posting at 2pm. Failed credit card notifications emailed.	Customer bank accounts’ debited at banks’ discretion. Most ACH and credit card transactions deposited into center’s account.	Any remaining ACH and credit card transactions deposited into center’s account.	Center notified of ACH Non-Sufficient Funds (NSF) and Notifications of Change (NOC).	Center notified of ACH Non-Sufficient Funds (NSF) and Notifications of Change (NOC).

Parents may schedule online payments up to 14 days in advance.

Tuition Express Batch Processing Timeline

Day 0	Day 1	Day 2	Day 3	Day 4
Center runs Tuition Express by 1pm Pacific, receives email confirmation. Customer credit cards debited and center notified of failed credit card transactions.	Customer bank accounts’ debited at banks’ discretion. Most ACH and credit card transactions deposited into center’s account.	Any remaining ACH and credit card transactions deposited into center’s account.	Center notified of ACH Non-Sufficient Funds (NSF) and Notifications of Change (NOC).	Center notified of ACH Non-Sufficient Funds (NSF) and Notifications of Change (NOC).

Batch processing may be scheduled up to 14 days in advance.

Federal Bank Holidays may affect processing timelines

Merchant is responsible for verifying funding of bank accounts.



**Automated Payment Processing
Safe – Convenient – Easy**

We are excited to offer the safety, convenience and ease of Tuition Express Online Payments. You can process on-time tuition and fee payments with your credit card at www.tuitionexpress.com

TUITIONEXPRESS.COM REGISTRATION

As a customer of _____ (business name), I (we) wish to register at www.tuitionexpress.com for the purpose of making Online Payments using a credit card.

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

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Cardholder Signature _____ Date _____

Website Registration Code: _____ (Please select a 4 digit PIN that will be used when you register at TuitionExpress.com)
4 digits

For Official Use Only
Date Received
Employee Signature

A service of





**Automated Payment Processing
Safe – Convenient – Easy**

We are excited to offer the safety, convenience and ease of Tuition Express® – an automatic payment processing system that allows on-time tuition and fee payments to be made with your credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD AUTHORIZATION

I (we) hereby authorize _____ (business name) to initiate recurring credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

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

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____

Cardholder Signature _____ Date _____

Check if you wish to make online payments

For Official Use Only
Date Received
Employee Signature

A service of





Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express® – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AUTHORIZATION

I (we) hereby authorize _____ (business name) to initiate debit entries to my (our) Checking or Savings Account indicated below. 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.

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____

Bank or Credit Union Address _____ City _____ State _____ Zip _____

Checking Savings

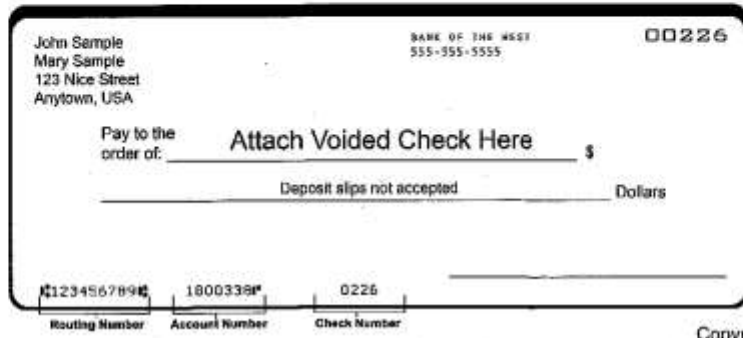
Routing Transit Number (see sample below) _____ Account Number (see sample below) _____

Signature _____ Date _____

Check if you wish to make online payments

For Official Use Only

Date Received
Employee Signature



A service of



procure
SOFTWARE®