St. Peter's Early Childhood Development Center

Tuition Express Form

Electronic Funds Transfer authorization for bank account and credit card: I hereby authorize St. Peter's ECDC to initiate credit card charges to the below-referenced credit card account (Section A) **OR**, initiate debit entries to my checking or savings account, indicated below (Section B). Credit union members: please contact your credit union to verify account and routing numbers for automatic payments.

To properly affect the cancellation or change of payment of this agreement, I am required to give 10 (ten) days written notice.

- **Monthly tuition will be drafted on the 3rd of every month**

COMPLETE ONE SECTION ONLY Student(s) Name(s) _____

- **Section A (Credit or Debit Card option, there is a 2.7% fee for this option)**

Cardholder Name Phone #

Cardholder Address City State Zip

Account Number Expiration Date CVV

Cardholder Signature Date

- **Section B (Bank Account, no fee to this option)**

Your Name Phone #

Address City State Zip

Bank or Credit Union Name Bank Address City State Zip

Routing Transit Number Account Number Checking/Savings

Authorized Signature Date