



Automated Payment Processing  
Safe – Convenient – Easy

### Tuition Express Enrollment Form

We are excited to offer the safety, convenience and ease of Tuition Express® — a processing system that allows secure tuition and fee payments to be made either from your bank account or credit card. Please print in the form below and sign where indicated.

KCSCEP SITE NAME: \_\_\_\_\_ CHILD(REN) NAME: \_\_\_\_\_

#### ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT & CREDIT CARD

I/we hereby authorize Kanawha County Schools Community Education Program (KCSCEP) to initiate credit card charges to the below referenced account (Section A) **OR**, initiate debit entries to my/our checking account indicated below (Section B). To properly affect the cancellation of this agreement, I/we are required to give 10 days written notice. Check with the Center for accepted credit card types. **\*\*Special note to credit union members — Please contact your Credit Union to verify account and routing numbers for automatic payment.**

#### COMPLETE ONE SECTION ONLY

##### Section A (Credit Card)

|                      |                 |               |       |
|----------------------|-----------------|---------------|-------|
| _____                | _____           | _____         | _____ |
| Cardholder Name      | Phone Number    | Email Address |       |
| _____                | _____           | _____         | _____ |
| Cardholder Address   | City            | State         | ZIP   |
| _____                | _____           | _____         | _____ |
| Account Number       | Expiration Date |               |       |
| _____                | _____           | _____         | _____ |
| Cardholder Signature | Date            |               |       |

##### Section B (Bank Account)

|   |  |               |       |       |
|---|--|---------------|-------|-------|
| _____                                     | _____                                      | _____         | _____ |       |
| Your Name (Name on the checking account)  | Phone Number                               | Email Address |       |       |
| _____                                     | _____                                      | _____         | _____ |       |
| Address                                   | City                                       | State         | ZIP   |       |
| _____                                     | _____                                      | _____         | _____ |       |
| Bank or Credit Union Name                 | Bank or Credit Union Address               | City          | State | ZIP   |
| _____                                     | _____                                      | _____         | _____ | _____ |
| Routing Transit Number (see sample below) | Checking Account Number (see sample below) |               |       |       |

**Attach a voided check or other bank documentation with your form.**

Each week your child/children attends, your account will be billed and the payment processed.

|           |       |
|-----------|-------|
| _____     | _____ |
| Signature | Date  |

**A \$25 fee will be charged for any items returned by your bank or credit card company.**

|   |
|---|
| <b>FOR OFFICIAL USE ONLY</b>              |
| Date Received:<br>_____                   |
| Verification/Employee Signature:<br>_____ |



Return this form to your site director or mail to the KCSCEP office.