

Willow Bend Learning Center, LLC

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PAYMENT OPTIONS: TUITION EXPRESS

For the convenience of our parents, we offer the convenience of **Tuition Express**. Tuition Express gives you the option of making your tuition payments by **electronic bank draft or credit card (MasterCard or Visa only)**

Apart from the ease and convenience, there are several other advantages to this:

- i. End of late payment charges
- ii. You can receive automatic payment notifications via e-mail (log on to www.tuitionexpress.com)
- iii. You can create a personal log in account with Tuition Express to view and print your payment history, monthly statements/receipts (for dependant care accounts), annual statements (for tax purposes)
- iv. If you choose the credit card option, you can accumulate air miles or cash back bonuses (as per your credit card company)

Please read and fill out the required information and **select one option**:

I, _____ parent/guardian of

(Child's Name) _____

(Child's Name) _____

(Child's Name) _____

Do hereby choose the following option as a method of tuition payment:

[] **OPTION 1: Credit Card Payment-** If you choose to have your tuition charged to your **credit card**, it will be charged on the 1st of every month to pay for that month's tuition. ***You can not use a credit card to pay for weekly tuition. If you use this method for tuition payment your account will be charged a convenience fee equaling 2% of the total tuition.*** (e.g. on a monthly tuition of \$700.00 you will be charged an additional \$14.00, so your total charge will be \$714.00)

[] **OPTION 2: Electronic bank Draft-** If you choose to pay by **electronic bank draft**, your bank account will be debited **every Friday**, if you pay your tuition weekly, or the 1st of every month if you pay your tuition monthly. **If you use this method for tuition payment your account will be charged a convenience fee of \$1.00 per debit.**

[] **OPTION 3: Check or Cash-** You can continue paying your tuition in the traditional way by check or cash at the front desk.

Parent/Guardian's Signature: _____

Note: Regardless of which option you choose, you are still required to fill out the Tuition Express Credit Card Payment Authorization form. This will stay on file and will only be used in the event of:

- i. an NSF check or draft payment, (there will be a 2% fee transaction charge in addition to the \$30.00 NSF charge), or
- ii. if tuition is not paid by Monday (there will be a 2% transaction charge added to tuition)

Please fill out the attached forms and return them to the office. If you have any questions, please feel free to stop by the front desk.



**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: <input type="checkbox"/> Checking <input type="checkbox"/> 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 _____
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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.



Routing Transit Number Account Number Check Number

Please attach a copy of a voided check here. Deposit slips not accepted.

[] Check here if this information is new or different from what we have on our records.



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.

Form fields for Cardholder Name, Phone #, Cardholder Billing Address, Account Number, City, State, Zip, Expiration Date, Cardholder Signature, and Date.

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For Official Use Only: Date Received: _____ Employee Signature: _____

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[] Check here if this information is new or different from what we have on our records.