

Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

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

I (we) hereby authorize **Bloomfield Hills Schools** to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). 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.

**2022-23 FEES** are processed by the Bloomfield Hills School District as follows:

- **Infant/Toddler care fees;** weekly
  - Monday of each week
- **Bloomin' Before & After Care / Kidz Zone fees;** monthly for that month's fees
  - September 9, October 5, November 4, December 5, January 9, February 3, March 3, April 5, May 5, June 5
- **Preschool Tuition fees;** ten installments
  - July 15, August 15, September 15, October 14, November 15, December 15, January 13, February 15, March 15, April 14

Child's Last Name: \_\_\_\_\_ Child/ren's First Name: \_\_\_\_\_

<b>PROGRAM:</b>	<input type="checkbox"/> Infant/Toddler Care	<input type="checkbox"/> Preschool	<input type="checkbox"/> Kidz Zone					
<b>SCHOOL:</b>	<input type="checkbox"/> Conant	<input type="checkbox"/> Eastover	<input type="checkbox"/> Fox Hills	<input type="checkbox"/> Lone Pine	<input type="checkbox"/> Way	<input type="checkbox"/> BHMS	<input type="checkbox"/> EHMS	<input type="checkbox"/> WHMS

### COMPLETE ONE SECTION ONLY

#### SECTION A (Credit Card)



Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
CREDIT CARD Number	Expiration Date		
Cardholder Signature	Date		

#### SECTION B (Bank Account)



Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE:**

REC DATE: \_\_\_\_\_ INITIAL: \_\_\_\_\_ INPUT DATE: \_\_\_\_\_ INITIAL: \_\_\_\_\_

NOTES: \_\_\_\_\_

