

FILL OUT ONE FORM PER **FAMILY**

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. If two payments decline, a late fee is charged.

2025-26 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 5, October 5, November 5, December 5, January 5, February 5, March 5, April 5, May 5, June 5
- **Preschool Tuition fees;** ten installments
 - July 15, August 15, September 15, October 15, November 15, December 15, January 15, February 15, March 15, April 15
 - Along with the late fee, if two payments decline, you are no longer eligible for the installment plan. Your balance is due in full.

Child's Last Name: _____ **Child/ren's First Name:** _____

PROGRAM: Infant/Toddler Care Preschool Kidz Zone
SCHOOL: Bloomin' PS Conant KZ Eastover KZ Lone Pine KZ Way KZ

SECTION A (Credit Card) **COMPLETE Section A or B. One section only!**



Cardholder Name:		Phone #:	
Cardholder Address:		City:	State: Zip:
CREDIT CARD Number:		Expiration Date:	Security Code (CVV):
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"/>	<input type="checkbox"/>
Authorized Signature:		Date:	
		Checking	Saving

OFFICE USE:
REC DATE: _____ **INITIAL:** _____ **INPUT DATE:** _____ **INITIAL:** _____
NOTES:

