

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.

2026-27 FEES are processed by the Bloomfield Hills School District as follows:

- **Bloomin' Before & After Care**; monthly for that month's fees
 - September 11, October 5, November 5, December 7, January 5, February 5, March 5, April 5, May 5, June 7
- **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
- **Kidz Zone fees**; September fees will be processed on August 3, Oct-June fees processed monthly for that month's fees
 - October 5, November 5, December 7, January 5, February 5, March 5, April 5, May 5, June 7
- Late fee charged if two payments decline or the payment is late
 - Payment plan is rescinded, full payment for the semester/school year is then due

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

PRESCHOOL: Bloomin' East Bloomin' West

KIDZ ZONE: 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"/> Checking	<input type="checkbox"/> Saving
Authorized Signature:		Date:	

OFFICE USE:

REC DATE: _____ INITIAL: _____ INPUT DATE: _____ INITIAL: _____

NOTES:

