

Hope Preschool
1970 Charles Hardy Pkwy
Dallas, Ga 30157

Electronic Funds Transfer Authorization for BANK ACCOUNT Authorization

I (we) hereby authorize Hope Preschool to initiate debit entries to my (our) Checking or Savings Account indicated below on the 1st of each month or next business day (Sept – April). To cancel this agreement, I (we) will give a 10 day written notice. Please attach a voided check.

Name on Bank account	Phone #
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Bank Name

Bank address

Routing Transit Number	Account Number
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Signature	Date
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Electronic Funds Transfer Authorization for CREDIT CARD Authorization

I (we) hereby authorize Hope Preschool to initiate reoccurring credit card charges to the below referenced credit card account on the 1st of each month or next business day (Sept – April). To cancel this agreement, I (we) will give a 10 day written notice.

Cardholder Name	Phone #
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Account Number	Expiration Date
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Signature	Date
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Online Payments – TuitionExpress.com

As a parent of Hope Preschool, I (we) wish to register at tuition express website for the purpose of making Online payments using a debit/credit card or bank account.

Website Registration Code _____ (please select a 4 digit PIN that will be used when you register at TuitionExpress.com).

We will give you a tuition express ID # for you to register at www.tuitionexpress.com.

Signature	Date
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