

Tuition Express Payment Program

To: U-GRO Parents
Re: Tuition Express



We are excited to offer you an easy, more convenient method for paying tuition costs. Enclosed is an enrollment form for Tuition Express. Tuition Express will allow you to authorize U-GRO to debit your checking or savings account for tuition or other school related expenses. Your account will be safely and securely, automatically deducted, giving you peace of mind knowing your tuition is paid when it's due.

Here are just a few of the many benefits this service provides:

- Never write a check again!
- No cost to you.
- Be instantly notified by email when we have processed your payment.
- Have the ability to review your payment history online utilizing Tuition Express' secure website.
- Monthly payment choices will be given a 2% discount.
- Automatic payments are safer than writing checks, eliminating potential check fraud or worse, identity theft.

Weekly payments will be processed every Friday for the upcoming week of care. Monthly payments will be processed on the 25th of each month for the upcoming month of care. When the payment day reflected above falls on a holiday the center will process the payment on the closest available business day. We will notify you when the first payment will be pulled from your designated account.

We know you will enjoy the convenience of this service! Tuition Express was designed with state of the art technology, making all your information safe and secure. To learn more about Tuition Express visit them online at www.TuitionExpress.com.

If you have any questions regarding Tuition Express, please call 717-561-2201.

Parent Name: _____

Parent Email: _____

Child(ren)'s Name(s): _____

Center Location: _____

Payment Frequency: Weekly

Monthly



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express® – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** AUTHORIZATION

I (we) hereby authorize _____ (business name) to initiate debit entries to my (our) Checking or Savings Account indicated below. 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.

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____

Bank or Credit Union Address _____ City _____ State _____ Zip _____

Checking Savings

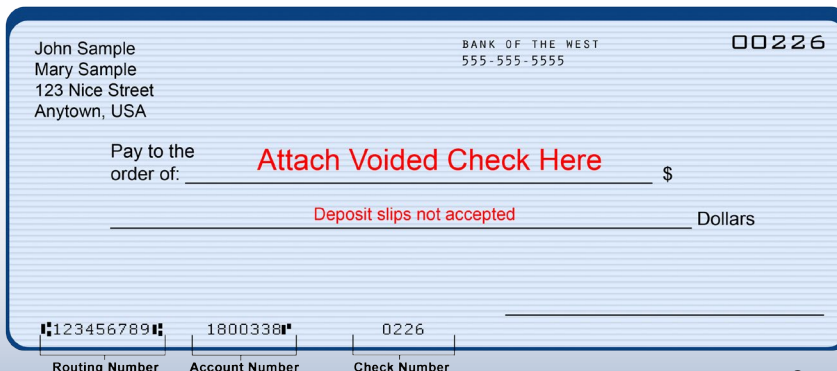
Routing Transit Number (see sample below) _____ Account Number (see sample below) _____

Signature _____ Date _____

Check if you wish to make online payments

For Official Use Only

Date Received
Employee Signature



A service of

