



School _____

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

Hop aboard the Tuition Express and never write a check again!

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications, or reviewing your payment history, please visit www.tuitionexpress.com.

For Bank Account Authorization, complete and return to Center management.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) hereby authorize **Little Sprouts**, (called "CENTER" in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize CENTER to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize CENTER to use the third party sender, Tuition Express* to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law. **Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.**

ACCOUNT INFORMATION

Account Holder

First Name:

Last Name:

Phone:

Home Address:

City:

State:

ZIP Code:

Bank

DEPOSITORY - Bank or Credit Union:

Branch Address:

City:

State:

ZIP Code:

Phone:

Account

Account Number:

Routing Number:

Checking

Savings

This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.



Account-holder Signature:

Date (mm/dd/yy):

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.



School _____

CREDIT CARD PAYMENT AUTHORIZATION

____ I hereby authorize Little Sprouts, LLC. to charge my credit card account for **weekly** or **monthly** tuition. I understand and accept that Little Sprouts will charge my account automatically. The amount charged may fluctuate due to any changes in tuition and/or deposit fee. I further understand that Little Sprouts will be deducting tuition on the last Friday before the first of each month or every Friday for weekly tuition. Monthly tuition payments are calculated by multiplying your weekly tuition by 4.33. The .33 will not be refunded at any time. By signing below I agree to the above guidelines. (Please fill out below.)

____ I am paying my monthly tuition using automatic deduction or by money order/bank check. However, Little Sprouts requires that a credit card is put on file in case my account becomes delinquent. Only the financial officer will have access to this information. I hereby authorized Little Sprouts to charge my credit card account in the event my account becomes delinquent. I understand and accept that Little Sprouts will charge my account automatically. I will receive a letter from Little Sprouts stating that they have completed the transaction including the amount charged. I further agree to pay the 5% charge Little Sprouts incurs from processing my credit card in this manner. (Please fill out below.)

Little Sprouts accepts MasterCard and Visa.

CREDIT CARD INFORMATION

Cardholder Information

First Name:	Last Name:	Phone:
Billing Address:		
City:	State:	ZIP Code:

Card Information

Credit Card Number:	
Expiration Date (mm/yy):	CVV Code:

Cardholder Signature:	Date (mm/dd/yy):
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Attention: Parent/Cardholder

For you protection the cardholder is required to submit the CVV number. The number indicates to the Center that the cardholder is the rightful owner of the credit card. The Center will not be able to accept your credit card for payments without this number.