

2018-2019 Automatic Tuition Payments (ATP) Authorization Form

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.

- Payments will be processed beginning with the first business day of each month.
- ♦ An email address is required to access receipts online.
- Credit union members: please contact your credit union to verify account and routing numbers for automatic payments.

Payer Last Name		Payer First Name		Phone (required)	Email Address (required)			
				, , ,		· ·	•	
Child Last Name		Child First	: Name	Monthly Tuition				
				Morning Care After Care		are	Total	
1.				\$	\$		\$	
2.				\$	\$		\$	
3.	3.			\$	\$		\$	
ATP Start Month School N		ime	,	· ·				
				Total Monthly	/ Tuition	\$		
Dona	ntion		<u> </u>		, 10.10.011	<u> </u>		
Kama`aina Kids is a not-for-profit organization. Should you				wish to make a tax-	Frequency:			
deductible donation to assist our financial aid and so			-				\$	
indicate your donation frequency and amount here			here:	☐ Monthly				
Section A (Credit Card)								
☐ Visa ☐ Mastercard ☐ American Express ☐ Discover								
Cardholder Name		Credit Car	Credit Card Number		Exp. Dat	te CVV#		
					_			
Billing Address			City	State		Zip		
Section B (Bank Account)								
☐ Checking ☐ Savings								
Bank or Credit Union Name				Bank or Credit Union Address				
Routing Transit Number (see sample below)				Account Number (see sample below)				
Please note that in addition to the monthly tuition charge, the following fees shall be assessed:								
There shall be a \$15 one-time processing fee assessed per family for each school year.								
There shall be a \$25 service charge assessed for any returned checks.								
I hereby authorize Kama`aina Kids to initiate credit card charges to the above-referenced credit card account (Section A) OR,								
initiate debit entries to my checking or savings account, indicated above (Section B). I am required to give 10 days written notice								
to cancel this authorization.								
Print Name Authorize			ed Signature			Date		
						1		
		John Sample	BANK OF THE NEST 00226					
	Mary Sample 123 Nice Street Anytown, USA		555-555-5555					
			W. T. L. W. W. T. W.					
	Pay to the order of:		Attach \	ch Voided Check Here s		A service of		
Depo			osit slips not accepted	Dollars				
								Y
	l.,							procare

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