



CREDIT CARD AUTHORIZATION

CREDIT CARD PAYMENT AUTHORIZATION

I (we) hereby authorize RADIANT KIDS ZONE (called "CENTER" in this Authorization) to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I (we) understand that the charges to the below referenced credit card account will be based on charges that are due and payable at the time of the credit card transaction. I (we) understand that this agreement is between myself (us) and the below referenced "CENTER". I (we) authorize CENTER to utilize Tuition Express* to capture, create and transmit all credit card information. I (we) indemnify and hold harmless, Tuition Express from any and all liability resulting from any and all transactions. All disputes will be directed to and addressed by and between CENTER and the below signed cardholder. **I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give CENTER written notice of revocation. A minimum of 5 business days is required to affect revocation.**

Please contact RKZ Administration for credit cards accepted

Child's Name

Cardholder Name

Phone #

Cardholder Billing Address

Card Number

City

State

ZIP

Expiration Date

CVV Number

Cardholder Signature

Date

*Tuition Express is an assumed business name of Blum Investment Group, Inc.

For Official Use Only

Date Received: _____

Employee Signature: _____

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.



BANK ACCOUNT AUTHORIZATION

I (we) hereby authorize RADIANT KIDS ZONE (called "CENTER" in this Authorization) to initiate recurring 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 the United States Law. **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.**

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Child's Name

Name

Phone #

Billing Address

Account Number

City

State

ZIP

Routing Number

DEPOSITORY-Bank or Credit Union Name

Checking Savings

Bank or Credit Union Address

Signature

Date

*Tuition Express is an assumed business name of Blum Investment Group, Inc.

For Official Use Only

Date Received: _____

Employee Signature: _____

John Smith Sally A. Smith 123 Main Street Anytown, OR 97504	1420 DATE _____
PAY TO THE ORDER OF _____	\$ _____ Dollars
Anytown Bank Anytown, OR 97502	Memo _____
⑆ 4057424040 57824510 1420	

Routing Transit
Number

Account
Number

Check
Number

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