

## AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

To make payments automatically, please complete this form and your payment will be deducted each month from your bank account or credit card.

Please return this form to:



TUITION OPTIONS Fax Completed Forms to: **856-222-3935**  
 PO Box 387 Phone: 800-423-5513  
 Marlton, NJ 08053

I (we) hereby authorize TUITION OPTIONS to initiate a debit or charge entry to my (our) bank/financial institution account or credit card indicated below for the amount of each monthly payment, when due, as indicated on my installment contract or promissory note. The bank/financial institution or credit card named below, hereinafter called FINANCIAL INSTITUTION, is hereby authorized to debit or charge such amounts to the account indicated on this form. I (we) understand that such automatic debits or charges to my (our) account will commence on or after the Next Payment Due Date shown on this form.

I (we) understand that the monthly payment amount as shown on my (our) installment contract or promissory note will be automatically debited or charged to the designated account and on the date specified below. If the payment date falls on a non-banking business day, the amount will be debited on the following banking business day.

I (we) understand that it is my responsibility to make sure funds are available in my account to ensure that the transfer occurs. If funds are unavailable, the transaction will be considered a returned or Non-Sufficient Funds ("NSF") check and NSF charges will become due and payable. I (we) have the right to stop payment on a debit entry by notifying FINANCIAL INSTITUTION prior to charging my (our) account. I am (we are) authorized to sign on this account.

I (we) understand that (5) business days are required to set up this authorization following receipt of this authorization form by Tuition Options and no amount may be debited or charged until set up is complete. If you receive a late notice or call regarding payment during this process, please advise Tuition Options that you have recently enrolled in the automated payment plan.

My TUITION OPTIONS account number is \_\_\_\_\_.

My monthly payment amount is: \$ \_\_\_\_\_ My next payment due is: \_\_\_\_/\_\_\_\_/\_\_\_\_

### YOUR BANK/FINANCIAL INSTITUTION or CREDIT CARD INFORMATION (choose only one)

<input type="checkbox"/>	<b>BANK/FINANCIAL INSTITUTION</b> (attached check marked "VOID") Bank Name: _____ ABA (Routing Number): _____ Account Number: _____ <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
<input type="checkbox"/>	<b>CREDIT CARD</b> Exact Name on Credit Card: _____ Credit Card Number: _____ Expiration Date: ____/____ <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover

**I understand that this authorization will remain in force and effect until TUITION OPTIONS receives notification from me (us) either via phone (800-423-5513) or the Tuition Options website ([www.tuitionoptions.com](http://www.tuitionoptions.com)) at least (3) business days BEFORE the next payment due date.**

SIGNATURE OF PERSON TO WHOSE ACCOUNT PAYMENT IS TO BE APPLIED	SIGNATURE OF PERSON TO WHOSE NAME APPEARS ON THE BANK ACCOUNTOR CREDIT CARD
NAME (PLEASE PRINT)	NAME (PLEASE PRINT)
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
PHONE	PHONE