



Tuition Express

**For Bank Account Authorization, complete and return to center management.
Please continue to submit payment by check or money order until notified of activation.**

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) hereby authorize Professional Solutions, as agent on behalf of Hot Spots Extended Care Programs, to initiate debit entries to my Checking or Savings Account indicated below at the depository financial institution hereafter called DEPOSITORY. I (we) authorize Professional Solutions to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees which are due and payable. I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of United States Law.

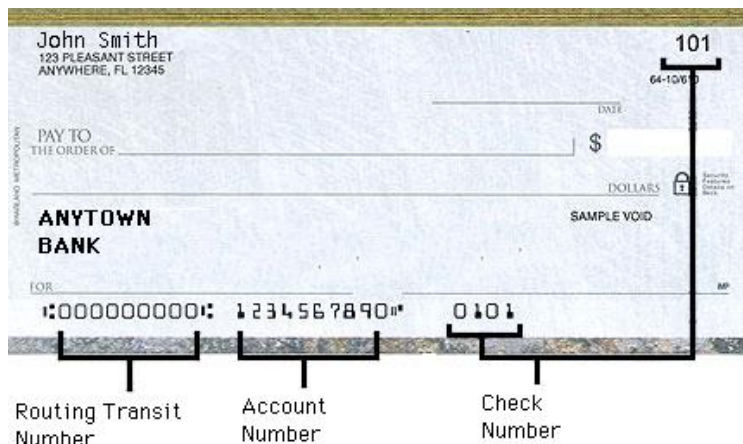
****Credit Union Member: Please contact your Credit Union to verify account and routing numbers for automatic payments.**

Your Name			DEPOSITORY – Bank or Credit Union Name		
Address			Home Phone Number		
City	State	Zip	Hot Spots Location		
Routing Transit Number (see sample below)			Account Number (see sample below)		Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

This authorization shall remain in full force and effect until I (we) notify you in writing of its termination in such time and in such manner as to afford Professional Solutions – Tuition Express and DEPOSITORY a reasonable opportunity to act upon it.
Under no circumstances shall this time be less than 5 business days.

Signature	Date
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(Please attach a copy of a voided check below –*preprinted* deposit slips are accepted ONLY for Savings Accounts)



Center Management Use only	Procure Acct KEY: _____
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