

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT or CREDIT CARD

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.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) Galaxy Education Inc dba Discovery Academy of Science to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

Student(s) Names: _____

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name

Phone #

Cardholder Address

City State Zip

Card Number

Expiration Date Security Code

Cardholder Signature

Date

SECTION B (Bank Account)

Your Name

Phone #

Address

City State Zip

Bank or Credit Union Name

Bank or Credit Union Address

City State Zip

Routing Transit Number (see sample below)

Account Number (see sample below)

☐ Checking

☐ Savings

Authorized Signature

Date

I certify that I have filled out one section:

☐ Section A (Credit Card)

☐ Section B (Bank Account)

Signature _____

Email _____