



**ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR
BANK ACCOUNT AUTHORIZATION**

We are excited to offer the safety, convenience and ease of Tuition Express® – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

I (we) hereby authorize BEN FRANKLIN ACADEMY to initiate debit entries to my (our) Checking or Savings Account indicated below. 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.

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

_____ Checking Savings

Bank or Credit Union Name _____

Bank or Credit Union Address _____ City _____ State _____ Zip _____

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____

Signature _____ Date _____

**PLEASE RETURN THIS COMPLETED FORM WITH A COPY OF YOUR VOIDED CHECK
TO THE BUSINESS OFFICE OR BASE DIRECTOR**

FOR OFFICE USE ONLY

Date Received: _____

Entered in Procure: _____

Employee Signature: _____

