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January 10, 2017

Dear BASE Parent,

At Ben Franklin Academy, we are constantly looking at ways to improve the service we provide you and your children. With this in mind, we are pleased to share with you that we have upgraded our Procure system and are happy to announce a new interactive parent portal (My Procure) as well as a new method of processing tuition and payments (Tuition Express) for our BASE program.

To access My Procure, please follow this [link](#). Using My Procure, you will now be able to access your BASE account information at any time.

- Easily view account balances, recent payments & ledger history
- Print account statements
- View and update contact information
- Make online payments

Tuition Express will now allow us to process BASE billing and collect payments more quickly and efficiently. In a matter of minutes we can accomplish what previously took us hours to complete. Tuition Express is a PCI Level 1 Service Provider. Your personal account information could not be safer.

If you wish to enroll in automatic ACH payment processing, please complete the following ACH enrollment form and return to the Business Office. BASE billing will continue to be processed on a weekly basis. Once billing is processed, the amount due on your BASE account will be automatically debited from your bank account and statements will be sent. Using My Procure, you will always be able to log in and view all transactions posted to your account.

If you have any questions or would like to discuss these new programs further, please contact our BASE Director at base@bfacademy.org or Business Manager at hhoff@bfacademy.org.

Sincerely,

Ben Franklin Academy
Lightning Bolts BASE Program



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
	<input type="checkbox"/> Checking	<input type="checkbox"/> 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
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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: _____

