



Hawaii's Enrichment & Education Professionals
A Non-Profit Organization

2022-2023 Automatic Tuition Payments (ATP) Authorization Form

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.

- ♦ Payments will be processed beginning with the first business day of each month.
- ♦ An email address is required to access receipts online at www.MyProcure.com.
- ♦ Credit union members: please contact your credit union to verify account and routing numbers for automatic payments.

Payer Last Name		Payer First Name	Phone (required)		
Email Address:			Monthly Tuition (check program needed)		
	Child Last Name	Child First Name	Before Care	After Care	Total
1.			<input type="checkbox"/> \$80 <input type="checkbox"/> \$50* <small>*Liholiho & Pearl Harbor Kai only (1-hour care)</small>	<input type="checkbox"/> \$200	\$
2.			<input type="checkbox"/> \$80 <input type="checkbox"/> \$50* <small>*Liholiho & Pearl Harbor Kai only (1-hour care)</small>	<input type="checkbox"/> \$200	\$
3.			<input type="checkbox"/> \$80 <input type="checkbox"/> \$50* <small>*Liholiho & Pearl Harbor Kai only (1-hour care)</small>	<input type="checkbox"/> \$200	\$
ATP Start Month		School Name	Total Monthly Tuition		\$

Donation

Kama'aina Kids is a not-for-profit organization. Should you wish to make a tax-deductible donation to assist our financial aid and scholarship program, please indicate your donation frequency and amount here:

Donation Frequency:
☐ One-time
☐ Monthly

Donation Amount
\$

Section A (Credit Card)

☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Cardholder Name	Credit Card Number	Exp Date	CVV
Billing Address	City	State	Zip

Section B (Bank Account)

☐ Checking *Attach voided check (required) ☐ Savings

Name on Bank Account	Bank or Credit Union Name
Routing Transit Number (see sample below)	Account Number (see sample below)

Please note that in addition to the monthly tuition charge, the following fees shall be assessed:

- There shall be a **\$20 one-time processing fee** assessed per family for each school year.
- There shall be a **\$25 service charge** assessed for any returned checks.

I hereby authorize Kama'aina Kids to initiate credit card charges to the above-referenced credit card account (**Section A**) OR, initiate debit entries to my checking or savings account, indicated above (**Section B**). I am required to give 10 days' written notice to cancel this authorization.

Print Name	Authorized Signature	Date

Mail or fax form to:

Attn: Accounting Department
Kama'aina Kids Corporate Office
156 Hamakua Drive, Suite C
Kailua, HI 96734
Fax: 261-6066

John Sample Mary Sample 123 Nice Street Anytown, USA		BANK OF THE WEST 555-555-5555	00226
Pay to the order of: Attach Voided Check Here \$			
		Deposit slips not accepted Dollars	
123456789	1800338	0226	
Routing Number	Account Number	Check Number	

A service of

