



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

2018-2019 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.
- ◆ 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 (required)	
Child Last Name		Child First Name	Monthly Tuition		
			Morning Care	After Care	Total
1.			\$	\$	\$
2.			\$	\$	\$
3.			\$	\$	\$
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:	Frequency: <input type="checkbox"/> One-time <input type="checkbox"/> Monthly	\$
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Section A (Credit Card)

<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover				
Cardholder Name		Credit Card Number	Exp. Date	CVV#
Billing Address		City	State	Zip

Section B (Bank Account)

<input type="checkbox"/> Checking <input type="checkbox"/> Savings			
Bank or Credit Union Name		Bank or Credit Union Address	
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

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

