HOTSPOTS
EXTENDED CARE PROGRAM

Tuition Express

For Credit Card Authorization, complete and return to center management.
Please continue to submit payment by check or money order until notified of activation.

CREDIT CARD PAYMENT AUTHORIZATION

MUST CHECK ONE: ☐**Recurring Monthly Tuition Deduction** ☐**On-Line Payment Tuition Deduction**

I (we) hereby authorize Professional Solutions, as agent on behalf of Hot Spots Extended Care Programs, to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting child care related payments. I (we) understand that the charges to the below referenced credit card account will be based on charges that are due and payable at the time of the credit card transaction. I (we) understand that this agreement is between myself (us) and the below referenced "Hot Spots Extended Care Programs". I (we) authorize Hot Spots Extended Care Programs to utilize Tuition Express to capture, create, and transmit all credit card information. I (we) indemnify and hold harmless Tuition Express from any and all liability resulting from any and all transactions. All disputes will be directed to and addressed by and between Hot Spots Extended Care Programs and the below signed cardholder. **I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give Hot Spots Extended Care Programs written notice of revocation. A minimum of 5 business days is required to affect revocation.**

Cardholder Name

Email Address

Cardholder Billing Address

Home Phone Number

City State Zip

Center Location

Account Number

Expiration Date Type: ☐ Visa ☐ Mastercard

This authorization shall remain in full force and effect until I (we) notify you in writing of its termination in such time and in such manner as to afford Professional Solutions – Tuition Express and DEPOSITORY a reasonable opportunity to act upon it.
Under no circumstances shall this time be less than 5 business days.

Cardholder Signature

Date

Center Management Use only **Procare Acct KEY:** _____