



Authorization Form for SMART Tuition Automatic Withdrawal

Last name: _____ First name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

CHECKING / SAVINGS	<p>Please debit payment from my (check one):</p> <p><input type="checkbox"/> Savings Account (contact your financial institution for Routing #)</p> <p><input type="checkbox"/> Checking Account (staple a voided check below)</p>	<p>Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3</p> <p>Account Number: _____</p> <p> Routing Number Account Number Check Number</p>
	<p>I authorize the above practice to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.</p> <p>Authorized Signature: _____ Date: _____</p> <p>If using a checking account, please attach a voided check over the credit card section below.</p>	

CREDIT CARD	Please charge my payments to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Credit Card Number: _____	Expiration Date: _____
	Name on Card: _____	
	Billing Address (if different from above): _____	
	I authorize the above practice to charge my credit card in accordance with the information above.	
Signature (as it appears on the credit card): _____ Date: _____		