

**TUITION EXPRESS**  
**INFORMATION CHANGE REQUEST FORM**  
**FAX #: 541-858-7008**

1 W. Main St  
Medford OR. 97501  
800-338-3884

Instructions: This form is used to make changes to your Tuition Express account. Please complete all sections that apply to the requested changes. Please make sure an "Authorized Signor" has signed this form to avoid a delay in implementing the requested changes. Certain changes require that a representative of Tuition Express verify the request via phone. (i.e. certain bank account changes) In the event verbal approval is required, changes will not be completed without verbal approval.

Center Name:  Phone:

Center Address:  City:  State:  Zip:

Additional locations changes apply to:

**BANK ACCOUNT CHANGE** **Please attach a copy of a Voided Check**

Existing Bank Information:     
Bank Name Current Routing # Current Account. #

New Bank Information:     
Bank Name New Routing # New Account. #

Bank Account changes require ONE business day to execute

Reason for Bank Change

**GLOBAL ACCOUNT LIMIT CHANGE**

Current Maximum Limit:  Reason for Increase:

Requested Maximum Limit:

By requesting an increase to the Global Maximum Limit the below signed authorized personnel recognizes that the change may increase the monetary risk exposure of the center.

**EMAIL ADDRESS CHANGE**

Add  Remove E-Mail Address

Add  Remove E-Mail Address

Add  Remove E-Mail Address

Add  Remove E-Mail Address

Please update "Add/Remove" e-mail addresses to reflect a list of all e-mail addresses to be used for Tuition Express notifications. Tuition Express is limited to 100 total characters for all e-mail addresses.

**CENTER APPROVAL**

Name & Title Date Signature:

By signing above I hereby state that I have the legal authority to sign on behalf of the center/organization referenced herein. I further authorize Tuition Express and its representatives to make the requested changes as outlined on this form. I understand and agree to reimburse Tuition Express for any loss it may incur in instituting the requested changes. I further indemnify and hold harmless, Tuition Express and its officers and employees from any and all liabilities resulting from the implementation of the requested changes.

## ATTACH VOIDED CHECK HERE

If you do not have a pre-printed check with your company name on the check, please submit a Bank Letter.

**NO DEPOSIT SLIPS!**

Jane Doe  
1234 Main St. Apt 101  
Lenexa, KS 66215

1001

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

DOLLARS

Your Bank  
Address of Your Bank  
Lenexa, KS 66215

FOR \_\_\_\_\_

⑆ 123456789⑆      ⑆ 1234567⑆      1001

⑆ 123456789⑆      ⑆ 1234567⑆      1001

Bank Routing Number      Bank Account Number      ~~Check #~~