

# Tuition Express Parent Withdrawal



## PARENT/SPONSOR WITHDRAWAL AS TUITION EXPRESS PARTICIPANT

I \_\_\_\_\_, hereby request \_\_\_\_\_, ("Center") to withdraw me from any future participation in Tuition Express' automatic payment service. I understand that by requesting withdrawal from Tuition Express, it severs the preauthorized debit relationship in its entirety.

I understand that this completed request form must be received by "center" no later than 5 business days before the next scheduled date of the automatic payment to be valid. By requesting withdrawal from Tuition Express, I hereby indemnify and hold harmless, Professional Solutions, owners of Tuition Express, from any and all liabilities resulting from "center" processing payment transactions after the date of this request.

---

### CENTER INFORMATION

Center Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Center Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature of Authorized Personnel of Center: \_\_\_\_\_ Date: \_\_\_\_\_

By signing above, I hereby accept the withdrawal of my client from Tuition Express and agree to terminate the processing of any future automatic payments via Tuition Express. I understand and agree to reimburse Tuition Express for any loss it may incur and hereby indemnify and hold harmless, Tuition Express, from any and all liabilities resulting from the processing of this request.

---

### CLIENT INFORMATION

Client Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Client Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that this request will terminate any future debit transactions conducted by Tuition Express. I understand and agree to reimburse Tuition Express for any loss it may incur in honoring this withdrawal request.

---

### CENTER INSTRUCTIONS

Please retain this document for your records.