



Automatic Checking/Savings Account Payment Authorization

I hereby authorize TFC Tuition Financing ("Company") to instruct my financial institution to automatically debit my account to make my monthly bill payments. This authority remains in effect until Company has received written notification from me of termination within three business days prior to the due date, or until Company has sent me notice of termination of this agreement. By signing this agreement I certify that I am authorized on this account. If my account is past due, I authorize TFC Credit Corporation to include any past due amount, plus addition feels incurred, in addition to my schedule payment(s).

Bank Account Holder Information

Bank Account Holder Signature: _____ Date: _____

Name: _____

Social Security Number: _____ - _____ - _____ Phone Number: _____ - _____ - _____

Street Address: _____

City, State, Zip: _____

Savings Account

Checking Account

Name of Bank: _____

Transit Routing Number (ABA #) _____

Account Number: _____

Begin taking payment on: _____

Format: MM/DD/YYYY

School Name: _____

Student Account number _____

Account Name (if different from above): _____

PLEASE ATTACH A VOIDED CHECK

Fax to: 925-498-2520

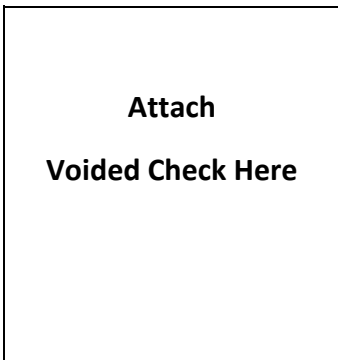
Mail to: TFC Tuition Financing

PO Box 579 San Ramon, CA 94583

Overnight, FedEx, Certified Mail, Registered Mail to:

TFC Tuition Financing

2010 Crow Canyon Place Ste 300 San Ramon, CA 94583



Completed form must be copied and emailed to: doggroomingschoolofpa@outlook.com