



Hawaii's Enrichment & Education Professionals
A Non-Profit Organization

2020-2021 Automatic Tuition Payments (ATP) Authorization Form

We are excited to offer the safety, convenience, and ease of Tuition Express® – a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

- ◆ Payments will be processed beginning with the first business day of each month.
- ◆ An email address is required to access receipts online at www.MyProcure.com.
- ◆ Credit union members: please contact your credit union to verify account and routing numbers for automatic payments.

Payer Last Name		Payer First Name		Phone (required)		
Email Address:				Monthly Tuition (check program needed)		
Child Last Name		Child First Name		Before Care	After Care	Total
1.				<input type="checkbox"/> \$65 <input type="checkbox"/> \$35* <small>*Liholiho & Pearl Harbor Kai only (1-hour care)</small>	<input type="checkbox"/> \$120	\$
2.				<input type="checkbox"/> \$65 <input type="checkbox"/> \$35* <small>*Liholiho & Pearl Harbor Kai only (1-hour care)</small>	<input type="checkbox"/> \$120	\$
3.				<input type="checkbox"/> \$65 <input type="checkbox"/> \$35* <small>*Liholiho & Pearl Harbor Kai only (1-hour care)</small>	<input type="checkbox"/> \$120	\$
ATP Start Month			School Name		Total Monthly Tuition	
					\$	

Donation

Kama'aina Kids is a not-for-profit organization. Should you wish to make a tax-deductible donation to assist our financial aid and scholarship program, please indicate your donation frequency and amount here:		Donation Frequency: <input type="checkbox"/> One-time <input type="checkbox"/> Monthly	Donation Amount \$
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Section A (Credit Card)

<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover					
Cardholder Name		Credit Card Number		Exp Date	CVV
Billing Address		City	State	Zip	

Section B (Bank Account)

<input type="checkbox"/> Checking *Attach voided check (required) <input type="checkbox"/> Savings			
Name on Bank Account		Bank or Credit Union Name	
Routing Transit Number (see sample below)		Account Number (see sample below)	

Please note that in addition to the monthly tuition charge, the following fees shall be assessed:

- There shall be a **\$20 one-time processing fee** assessed per family for each school year.
- There shall be a **\$25 service charge** assessed for any returned checks.

I hereby authorize Kama'aina Kids to initiate credit card charges to the above-referenced credit card account (**Section A**) OR, initiate debit entries to my checking or savings account, indicated above (**Section B**). I am required to give 10 days written notice to cancel this authorization.

Print Name	Authorized Signature	Date

Mail or fax form to:

Attn: Accounting Department
Kama'aina Kids Corporate Office
156 Hamakua Drive, Suite C
Kailua, HI 96734
Fax: 261-6066

John Sample
Mary Sample
123 Nice Street
Anytown, USA

BANK OF THE WEST
555-555-5555

00226

Pay to the order of: **Attach Voided Check Here** \$

Deposit slips not accepted Dollars

123456789 1800338 0226

Routing Number Account Number Check Number

