

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				
				o later than 5 business days before the
				drawal from Tuition Express I hereby
				ss, from any and all liabilities
resulting from "center" proc				
resulting from center proc	رياع کاناندې	ment transactions are	el tile date of tille.	request.
Center Information				- <u></u>
				,
			())
Center Name			Area Code	Phone Number
Center Address		City		State & Zip Code
Signature of Authorized Personnel	of Center			Date
Ry cigning above I hereby accept th	ne withdrawal	of my client from Tuition	Evoress and agree to te	erminate the processing of any future automatic
				may incur and hereby indemnify and hold
harmless, Tuition Express, from any				
		· 		
	_	_	_	
Client Information				
eli i ki			()_	
Client Name			Client Phone	Number
Client Address	_			
City	State	Zip Code		
- 5		1		J
				
Client Signature			Date	
Lundarstand that this request will t	inate any	fiture debit transactions (dusted by Tuition Ex	Lundoustand and agree to raimburge
I understand that this request will to	erminate anv	future denii transactions c		
Luition Express for any loss it may		oring this withdrawal reque		xpress. I understand and agree to reiniburse

Center Instructions

Please retain this document for your records.