

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



1 West Main St., Ste 201
Medford, OR 97501
888-419-5033

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 (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:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank Name	Current Routing #	Current Account. #

New Bank Information:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank Name	New Routing #	New Account. #

Changing your Bank Account Information will trigger a new Authorization Process to verify the bank account information. This may create a delay in processing payments through Tuition Express.

☐ **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**

<input type="radio"/> Add <input type="radio"/> Remove	E-Mail Address	<input type="text"/>
<input type="radio"/> Add <input type="radio"/> Remove	E-Mail Address	<input type="text"/>
<input type="radio"/> Add <input type="radio"/> Remove	E-Mail Address	<input type="text"/>
<input type="radio"/> Add <input type="radio"/> Remove	E-Mail Address	<input type="text"/>

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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

DATE _____

1001

PAY TO THE ORDER OF _____ \$ _____

DOLLARS

Your Bank
Address of Your Bank
Lenexa, KS 66215

FOR _____

⑆123456789⑆ ⑆1234567⑆ 1001

⑆123456789⑆ Bank Routing Number

⑆1234567⑆ Bank Account Number

1001 Check #