



Automatic Checking/Savings Account Payment Authorization

I hereby authorize TFC Tuition ("Company") to automatically take my monthly payment from the payment method below on my account's due date. **This authority remains in effect until Company has received written notification from me at [AutoPayUpdates@tfccl.com](mailto:AutoPayUpdates@tfccl.com) at least three 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 you have any questions, please call (800) 872-9832.

**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: \_\_\_\_\_

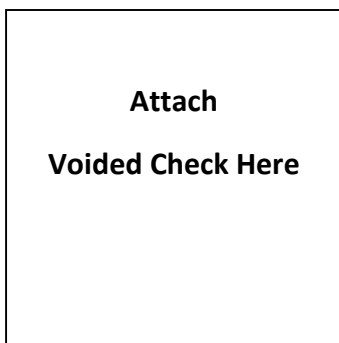
Format: MM/DD/YYYY

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  
PO Box 579  
San Ramon, CA 94583

**Overnight, FedEx, Certified Mail, Registered Mail to:**

TFC Tuition  
2010 Crow Canyon Place Ste 300  
San Ramon, CA 94583