



Credit Card 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@tfcacal.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.

Card Holder Information

Card Holder Signature: _____ Date: _____

Name: _____

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

Street Address: _____

City, State, Zip: _____

Credit Card Billing Address :(if different from above)

Street Address: _____

City, State, Zip: _____

Credit Card Account Information

MasterCard Visa Discover Card American Express

Credit Card Number: _____ Begin taking payments on: _____
FORMAT: MM/DD/YYYY

Expiration Date: _____ / _____ * Credit Card Security Number: _____

*MC, Visa, Discover-3 numbers on back of card AMEX- 4 numbers above account number

School Name: _____

Student Account Number: _____

Account Name (if different from above): _____

ATTACH COPY OF CREDIT/DEBIT CARD AND PHOTO ID

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