



Center Instructions:

Please retain this document for your records.

Parent Withdrawal as Tuition Express Participant

I _____, hereby request **Mini Texans Christian Learning Center**, (“**Mini Texans**”) to withdraw me from any future participation in Tuition Express’ automatic payment service. I understand that by requesting withdrawal from Tuition Express it severs the preauthorized debit relationship in its entirety. I understand that this completed request form must be received by “**Mini Texans**” no later than 5 business days before the next scheduled date of the automatic payment to be valid. By requesting withdrawal from Tuition Express I hereby indemnify and hold harmless, Professional Solutions, owners of Tuition Express, from any and all liabilities resulting from “**Mini Texans**” processing payment transactions after the date of this request.

CENTER INFORMATION

_____		_____	
Mini Texans Christian Learning Center		(210) 698-0700	
Center Name		Phone #	
_____		_____	
24159 Boerne Stage Road	San Antonio	TX	78255
Center Address	City	State	Zip Code
_____		_____	
Signature of Authorized Personnel of Center		Date	

By signing above I hereby accept the withdrawal of my client from Tuition Express and agree to terminate the processing of any future automatic payments via Tuition Express. I understand and agree to reimburse Tuition Express for any loss it may incur and hereby indemnify and hold harmless, Tuition Express, from any and all liabilities resulting from the processing of this request.

CLIENT INFORMATION

_____		_____	
Client Name		Client Phone #	
_____		_____	
Client Address	City	State	Zip Code
_____		_____	
Client Signature		Date	

I understand that this request will terminate any future debit transactions conducted by Tuition Express. I understand and agree to reimburse Tuition Express for any loss it may incur in honoring this withdrawal request.