

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT OR CREDIT CARD

I (we) hereby authorize Circle C Child Development Center to initiate credit card charges to the below-referenced credit card account(Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

Section A (Credit Card) **A 3% processing fee will be applied to your tuition with credit card payments.

Cardholder Name

Phone Number

Cardholder Address

City

State

Zip Code

Account Number

Expiration Date

Cardholder Signature (Printed Name as Authorized Signature)

Date

Section B (Bank Account)

Your Name

Phone Number

Address

City

State

Zip Code

Bank or Credit Union Name

Bank or Credit Union Address

City

State

Zip Code

Checking

Savings

Routing Transit Number

Account Number

Authorized Signature (Printed Name as Authorized Signature)

Date