



EFT Authorization Form

Childcare • School Age • Pre-School • Kindergarten

Section 1: Personal Information

Program Name and Site: _____

Child/ren Name: *(Please print first and last name and list all children)*

Parent/Guardian Name: *(Please print first and last name)*

Section 2: EFT Payment Authorization *(check one)*

WEEKLY (ONE WEEK PRIOR)

MONTHLY (ONE MONTH PRIOR)

- Credit/Debit Card
- Check/Cash/Money Order

- Credit/Debit Card
- Check/Cash/Money Order

CARD NUMBER

EXPIRATION
DATE

CARD HOLDER'S NAME

CARD HOLDER'S ADDRESS INCLUDING CITY AND ZIP CODE

PHONE NUMBER

\$ AMOUNT

X
Signature _____

Date