

# **BEFORE & AFTER CARE PROGRAM**

## **Payment Method Authorization Form- For EZ-EFT Program**

**School Name:** \_\_\_\_\_

### **Payment Method Authorization Form- For EZ-EFT Program**

#### **What is EZ-EFT?**

EZ-EFT or Electronic Funds Transfer is a paperless alternative to writing checks. You simply pre-authorize your payments to be made automatically and electronically by your financial institution (or via your credit card).

#### **What does this program offer our parents?**

It allows you to make your payments automatically without having to remember and write checks, each week (or month). EZ-EFT payments happen on time, every time.

#### **What does this service cost?**

It doesn't cost you anything. You receive all these benefits absolutely free.

#### **Why should I use this service?**

For convenience! This process saves our parents time and money. It also helps us control our costs, and we pass the savings on to you.

#### **How do I know my payments will be made on time?**

This service is provided by CheckFree, the nation's leading provider of electronic funds transfer. They guarantee proper processing of your payment to assure authorized application of funds in your account.

#### **How will I know when my payment is going to be transferred from my account?**

The transfer is made on the same day of each week or month. You pick the day!

#### **How will I know my payment has been made?**

Your payment is clearly itemized on your bank statement (or credit card).

#### **What if I don't have enough money in my checking account to cover the payment on the due day?**

Your financial institution charges the same overdraft fees as for a normal transaction with insufficient funds. The advantage of using EZ-EFT is that the payment is deducted from your account on the same day of every week or month, making it easy for you to plan ahead.

#### **What if my credit card is at the limit when the payment is charged?**

This service depends on you having enough available credit for the charge to be accepted. If your credit card does not have enough available credit, the payment could be denied by your credit card company and your payment may not be made.

#### **Who has access to my accounts?**

You and your financial institution only - no one else. To use EZ-EFT, you authorize your financial institution or credit card provider to make the payments. Your financial institution automatically makes your payment on your behalf, but only with your authorization. Consumer safeguards for EZ-EFT make it more secure than conventional forms of payment.

**Office Use Only:**

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

- Entered in EZCare
- Registration fee payment received

**To Register for EZ-EFT simply:**

1. Complete the enrollment form below.
2. Place your completed form in an envelope. If you choose to pay with the checking account option, please enclose a *voided* check.
3. Return to the Aftercare Director.

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**EZ-EFT Authorization Form**

I hereby authorize

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(School Name) \_\_\_\_\_

to make my periodic payment on my behalf from the checking, savings or credit account listed below and transfer it to \_\_\_\_\_  
(School Name)

CHOOSE ONE:

\_\_\_\_\_ Checking Account Transfer  
(Voided check must be attached.)

Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_

\_\_\_\_\_ Credit Card Charge

\_\_\_\_\_ Visa \_\_\_\_\_ AMEX

\_\_\_\_\_ MasterCard \_\_\_\_\_ Discover

\_\_\_\_\_  
(Credit Card Number)

Name on Card \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_(month/year)  
(Expiration Date)

I understand that I am in full control of my payment, and if at any time I decide to make any changes or discontinue this service, I will notify \_\_\_\_\_  
(School Name)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_  
Date \_\_\_\_\_

