



Electronic Funds Transfer Authorization Form

This form must be completed annually - we do not carry over credit card information from one year to the next.

Explorer Club and Little Explorers offers a convenient service called EZ-EFT that makes it easy for you to pay your child care tuition. By initializing on the monthly calendar in the area under "Charge My Card on File," this authorization form allows us to bill your credit/debit card for payments due.

****Payments will be billed to your credit/debit card on the 27th of the month after the calendar due date or the next business day when the 27th falls on a holiday or weekend.**

****For drop-in care or switch days your credit/debit card will be billed the day you receive confirmation of availability for care.**

Getting started is easy. Simply complete this authorization form and return it to a LILA lock box. Additional forms are available at the Parent Center.

****Place completed authorization form in a LILA lock box.****

What about security? The service uses the Federal Reserve's electronic payment network used by financial institutions nationwide, so it is absolutely secure. Consumer safeguard regulations for electronic payments are even more stringent than when you write a check.

With your busy schedule, it's nice to know that you will have one less task. Sign up for EZ-EFT today!

EZ-EFT Authorization Form

I hereby authorize

EXPLORER CLUB/LITTLE EXPLORERS
CARE PROGRAM

to make a periodic payment on my behalf from my credit/debit account listed below and transfer it to the **Explorer Club/Little Explorers Care Program**.

CHOOSE ONE:

Credit Card Charge

Visa AMEX
 MasterCard Discover

(Credit Card Number)

_____/_____(month/year)
(Expiration Date)

_____(CVV# - 3 numbers on back of card
4 numbers on front of AMEX)

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 **Explorer Club/Little Explorers Care Program**. Change of payment method will not affect the terms of my contract.

Name _____

Address _____

City _____

State _____ Zip _____

Signature _____

Date _____

****Place completed authorization forms in a LILA lock box.****