Electronic Funds Transfer Authorization Form

Explorer Club and Little Explorers offer Electronic Funds Transfer service that makes it easy for you to pay your child care tuition. 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.

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

EFT Authorization Form

I hereby authorize EXPLORER CLUB/LITTLE EXPLORERS CHILD 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:

____ Visa ____ AMEX

____ MasterCard ____ Discover

_____
(Credit Card Number)

_____ CVV

_____/_____(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 **Explorer Club/Little Explorers Care Program**. The change of payment method will not affect the terms of my contract.

Billing Information:

Name _____

Address _____

City _____

State _____ Zip _____

Phone: _____

Signature _____

Date _____