



THE CHILDREN'S HOUSE
5363 North Long Lake Road, Traverse City, MI 49685

Authorization Agreement for Electronic Payments

Your Name _____
(As it appears on your bank account)

CHECK ONE BOX:

- We have chosen Payment Plan 3 and we have either not submitted a prior EFT form or our bank account information has changed, so we will complete the remainder of this form.

OR

We do not need to complete this form because:

- We have chosen Payment Plan 3, but our bank account information has not changed since the last time that we completed the EFT form.
- We have chosen Payment Plan 1 or 2 and we will pay via an alternate method.

Financial Institution Information

Financial Institution Name _____

Routing (ABA) Number _____

Checking Account # _____

- Tuition plan payments and any additional childcare and/or lunch charges will be deducted on the 10th day of the month that they are due.
- An insufficient funds charge of \$20.00 will be assessed on returned EFT payments.

Authorization

I hereby authorize The Children's House to withdraw my payment(s) from the account listed above and if necessary, to initiate credit entries or adjustments for any withdrawals made in error to my (our) account. This authorization is to remain in full force and effect until written notice from me has been received by The Children's House at least 5 business days prior to the next scheduled EFT withdrawal.

Date _____ Signature _____