

EZ-EFT (Electronic Funds Transfer) or Credit Card Authorization Form

I hereby authorize Young World Day School to make periodic payment on my behalf from the checking account, savings account or credit card listed below and transfer it to Young World Day School.

CHOOSE ONE:

Checking Account Transfer
(Voided check must be attached)

Savings Account Transfer
(Savings Account Number) (Bank Routing Number) (Bank Name)

Credit Card

VISA MasterCard Discover American Express

Card Number: _____

Expiration Date: _____

Security Code: _____

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 Young World Day School. Change of payment method will not affect the terms of my contract.

Name: _____

Address: _____

City: _____ **State:** _____

Signature: _____

Date: _____

Yes, I would like for any additional monthly extended care fees to be charged to my card on file

It is understood and agreed that the amount of each payment made through Credit Card Authorization shall be subject to an additional administrative charge in the amount of 2.7% of the amount of each payment.