



**The Children's House**  
*An Independent Montessori School*

5363 North Long Lake Road, Traverse City, MI 49684, 231-929-9325

**AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER**  
**(Required for monthly payment plans)**

I, \_\_\_\_\_, authorize my bank to make payment by the method indicated below, and post it to my account.

- CHECKING (note: attach a voided check for checking account authorization)
- MASTERCARD
- VISA

Name on the account \_\_\_\_\_

Account number \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_

V-Code \_\_\_\_\_ (Last three digits located on the back of your card.)

I understand that I am in full control of my payment, and if at any time I decide to make changes or discontinue the EFT service, I will call or write the school.

BANK NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

- Tuition plan payments will be transferred on the 10<sup>th</sup> day of the month specified in the tuition contract.
- All additional childcare and/or lunch costs will also be deducted on the 10<sup>th</sup> day of the month they are due.
- Account balances are available from the business office on the first day of each month prior to the funds transfer.
- An insufficient funds charge of \$20.00 will be assessed on all accounts incurring returned EFT payments.

Attach voided check here.