



## THE CHILDREN'S HOUSE

5363 North Long Lake Road, Traverse City, MI 49685, 231-929-9325

### **AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER - CHECKING ACCOUNTS ONLY** (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)

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

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_

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.