



EFT Authorization Form

Child's Name: _____ Center: _____

I hereby authorize _____
(Name of Financial Institution)
to make periodic payments on my behalf from the checking, savings or credit account listed below and to transfer it to Play & Learn Centers.

CHOOSE FROM THE FOLLOWING METHODS OF PAYMENT:

_____ Checking Account Transfer (Attach voided check)

_____ Savings Account Transfer

_____ Savings Account Number

_____ Savings Account ABA Number

_____ Credit Card Charge

_____ VISA

_____ MasterCard

_____ Discover

Credit Card Number: _____

Expiration Date (month/year): _____

Name (as it appears on account): _____

Address: _____

City

State

Zip

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 Play & Learn Centers. Changes of payment method will not affect the terms of my contract.

Signature: _____

Date: _____



Play & Learn is a non-profit, equal opportunity early education organization