EZ-EFT Authorization Form

CHILD'S NAME _____

I hereby authorize _____
(Print name of your *bank or financial institution*)

to make my periodic payments on my behalf from the checking, savings or credit card account listed below and transfer it to ***Montessori in Motion***.

CHOOSE ONE:

- ❑ Checking Account Transfer
  (Voided check must be attached.)
- ❑ Savings Account Transfer
  (Slip from bank showing account number **and** bank routing number must be attached.)
- ❑ Credit Card Payment
  (File out information below.)

❑ Visa ❑ MasterCard

Name on card: _____

Account number: _____

Exp. Date: ____/____

I understand that I am in full control of my payment, and if at anytime I decide to make any changes or discontinue this service, I will notify ***Montessori in Motion*** in writing. I understand that changing to a credit card will incur a 2.0% fee on the transaction amount.

Name _____

Address _____

City/State/Zip _____

Signature _____

Date _____

Montessori in Motion
253-565-3080
7323 - 27th Street, W • University Place, WA 98466-4605

Rev. 02/03/17

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