

EZ-EFT Authorization Form

I hereby authorize

City of San Rafael, Child Care Division

To make my periodic payment on my behalf from the Checking, Savings or Credit Card Account listed below and transfer it to _____
Center Name

CHOOSE ONE:

_____ Checking Account Transfer
(Voided check must be attached)

_____ Savings Account Transfer

(Savings Account Number)

_____ Credit Card Charge

_____ Visa _____ Master Card

(Credit Card Number)

_____/_____(month/year)
(Expiration 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 _____.
Center Name

Change of payment method will not affect the terms of my contract.

The following must be filled out completely and with accuracy.

Name _____

Child(ren) Name _____

Address _____

City _____

State _____

Signature _____

Date _____