

ELECTRONIC BANK DRAFT & CREDIT/DEBIT CARD PAYMENT AUTHORIZATION (EFT)

Complete this form to authorize Northeastern Child Care Services to deduct your child daycare payments directly from your checking account or credit/debit card **on an ongoing basis**. Your checking account or credit card statement will be your verification of the payment.

To take advantage of this free service, please complete this form and return it to the address provided below or return to the Director at your center. Northeastern Child Care Services will deduct the funds from your checking account or charge your credit/debit card every Monday.

I authorize my bank/credit card company to make my child's daycare payments and post it to my checking account or credit card statement. I understand that I am in full control of my payment, and if at any time I decide to discontinue this method of payment, I will need to contact the Fiscal Department at 570-341-0811, ext. 13. Weekly outstanding balances will be automatically charged. Thus, if any additional daycare charges occur, we will automatically change your EFT amount to cover these additional charges. A new EFT form will need to be completed by the parent/guardian only when re-starting after withdrawing.

Select ONE of the following payment options for ongoing payments to be deducted

ELECTRONIC PAYMENTS FROM A CHECKING ACCOUNT (VOIDED check is required)

Checking or Savings Account (please circle one)

Name as it is listed on Account: _____

Bank Name: _____

Routing #: _____ Checking/Savings Account #: _____

Attach a VOIDED check to this form. Do not write over the Routing or Checking Account Number on the bottom of your check.

ELECTRONIC PAYMENTS FROM A CREDIT/DEBIT CARD

Account Number _____ CVV Code _____

Select Card Type: (please circle one) VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Credit Card Expiration Date: _____

Print name as it appears on the card: _____

I hereby authorize the purchase of services from Northeastern Child Care Services through the use of this Electronic Payment Authorization Form. I agree that I will pay for these services and indemnify and hold harmless Northeastern Child Care Services against any liability pursuant to this authorization. I authorize my bank/credit card company to make my recurring payment as designated below and to post to my account.

Child(ren's) Name(s): _____ Center location: _____

Family address: _____, _____, PA, _____
street city zip

Signature: _____ Date: _____