

Electronic Funds Transfer Authorization for Credit Cards and Bank Account

I (we) hereby authorize Celebree Schools to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). We do not accept payments by Debit Cards. I (we) authorize Celebree Schools to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees which are due and payable. To properly affect the cancellation of this agreement, I (we) are required to give 30 days written notice. _____ (Initial).

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

COMPLETE ONE SECTION ONLY

Section A (Credit Card Only	y) Please initial to	acknowledge you ar	e NOT provid	ding card inforr	nation f	or a Debit	Card
Cardholder Name		Phone#					
Cardholder Address		City		State		Zip	
Account Number	Expiration Date	CVV	Card: □Visa	□M/C □Dis	cover	□America	an Express
Cardholder Signature		Date	Email Address				
Section B (Bank Account)	Check one: Checking	□Savings					
 Cardholder Name		Phone #					
Address		City		State		Zip	
Bank or Credit Union Name	Address		City		State		Zip
Routing Transit Number (see sample below)			Account Number (see sample below)				
 Authorized Signature		Date	Email Address				

Please attach a copy of a voided check below - preprinted deposit slips are accepted ONLY for Savings Account

Official Use Only

Daycare Works Family ID#

