



Where Children Learn and Grow

EZ-EFT Authorization Form

OFFICE USE ONLY:

PAYMENT SUBMITTED BY: _____

DATE: _____

I hereby authorize periodic payments on my behalf from the checking, savings, or credit account listed below to be transferred to Gingerbread Kids Academy.

CHOOSE ONE:

_____ Checking Account Transfer (attach voided check)
Financial Institution Name: _____
Routing Number: _____
Account Number: _____

CHILD NAME: _____

LOCATION: _____

_____ Savings Account Transfer
Financial Institution Name: _____
Routing Number: _____
Account Number: _____

THIS PAYMENT IS (CIRCLE ONE):

ONE-TIME

RECURRING

_____ Credit Card Charge (*additional 3% charge applies*)
_____ Visa _____ AMEX
_____ MasterCard _____ Discover
Credit Card Number: _____
Expiration Date: _____ / _____ (month/year)

I understand that I am in full control of my payment, and if I at anytime decide to make any changes or discontinue this service, I will notify Gingerbread Kids Academy.

Account/Cardholder's Information:

Name _____ **Address** _____

City _____ **State** _____ **Zip** _____

Phone Number _____ **Email** _____

Parent Signature: _____ **Date:** _____