



The Preschool Place and Kindergarten is offering a convenient service called **EZ-EFT** (Electronic Funds Transfer). This service makes it easy for you to pay your school bills automatically – at absolutely no cost to you! Your financial institution will automatically make your payment from either your checking or savings account. There is no need for you to write checks and remember to drop them off (or mail) them. Your record of payment will be listed each month on your bank statement.

EZ-EFT can be used to handle your Tuition, Enrichment, and Extended Day payments. Payments will be processed around the 1st of the month for the balance due each month.

Getting started is easy. Simply complete the authorization form below. If you are using the checking account option, please attach a voided check to the form.

What about security? The EZ-EFT service uses the Federal Reserve’s electronic payment network used by financial institutions nationwide so it is absolutely secure.

With your busy schedule, it’s nice to know that you will have one less task to perform each month with absolutely no cost on your part.

EZ-EFT Authorization Form

I hereby authorize _____ to make periodic payments on my behalf
(Print name of your financial institution)
from the checking or savings account listed below and transfer it to **The Preschool Place & Kindergarten at Temple Shalom.**

PLEASE CHECK ONE: _____ current school year only _____ until further notice.

CHOOSE ONE:

_____ Checking Account Transfer - Voided check must be attached.

_____ Savings Account Transfer _____
(Savings Account Number)

_____ I am already an EZ-EFT user

I understand that I am in full control of my payment, and if at any time I decide to make any changes or discontinue the service, I will notify **The Preschool Place & Kindergarten at Temple Shalom** in writing. Change of payment method will not affect the terms of my contract.

I understand that I will be assessed a \$15.00 charge if there are insufficient funds to process my electronic payment.

Name _____

Address _____

City _____

State _____ Zip _____

Signature _____ Date _____