



EZ-EFT Authorization Form

Electronic Funds Transfer (EFT) Authorization

I hereby authorize Cornerstone Early Learning Center, Inc to perform scheduled or periodic electronic funds transfer debits to my account from the financial institution named below. This authorization is for the purpose of automated payments of my weekly or monthly tuition.

I understand that Cornerstone Early Learning Center, Inc reserves the right to charge my account a \$30 service fee for any transaction that is denied.

Financial Institution:

Branch:

Financial Institution Account #:

Financial Institution Routing #:

Account Type (Check one): Checking Savings

Frequency of Payments: Weekly Monthly

Payment Options:

- Please Deduct ONLY the Weekly/Monthly Tuition.
- Please Deduct the balance on my account (including Enrichment classes, Late Fees and/or Registration fees).

Please attach a VOIDED CHECK with this form

This authorization is to remain in effect until Cornerstone Early Learning Center, Inc has received written notification from me of its termination in such a time and manner as to afford Cornerstone Early Learning Center, Inc reasonable opportunity to make the necessary changes.

Name _____

Address _____

City _____

State _____ Zip _____

Signature _____ Date _____