

EXPLORER CLUB

Electronic Funds Transfer Authorization Form

The **Explorer Club School Age Care Program** offers a convenient service called EZ-EFT that makes it easy for you to pay your child care tuition. By initialing on the monthly calendar in the area under "Charge My Card On File," this authorization form allows us to bill your credit/debit card for payments due.

****Payments will be billed to your credit/debit card on the 27th of the month after the calendar due date.**

****For drop-in care or switch days your credit/debit card will be billed the day you receive confirmation of availability for care.**

Getting started is easy. Simply complete this authorization form and return it to a LILA lock box. Additional forms are available at the Explorer Club Office or Parent Centers. You can also download a form from the Explorer Club page on the LILA website.

****Completed authorization forms must be placed in a LILA lock box.****

What about security? The service uses the Federal Reserve's electronic payment network used by financial institutions nationwide, so it is absolutely secure. Consumer safeguard regulations for electronic payments are even more stringent than when you write a check.

With your busy schedule, it's nice to know that you will have one less task. Sign up for EZ-EFT today!

EZ-EFT Authorization Form

I hereby authorize

EXPLORER CLUB SCHOOL AGE CARE
PROGRAM

to make a periodic payment on my behalf from my credit/debit account listed below and transfer it to the **Explorer Club School Age Care Program**.

CHOOSE ONE:

Credit Card Charge

Visa AMEX
 MasterCard Discover

(Credit Card Number)

_____/_____(month/year)
(Expiration Date)

_____(CVV# - 3 numbers on back of card
4 numbers on front of AMEX)

I understand that I am in full control of my payment, and if at anytime I decide to make any changes or discontinue this service, I will notify **Explorer Club School Age Care Program**. Change of payment method will not affect the terms of my contract.

Name _____

Address _____

City _____

State _____ Zip _____

Signature _____

Date _____

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