



Automated Payment Processing Safe – Convenient - Easy



Sign up for EZ-EFT today!

I hereby authorize my financial institution to make periodic payments on my behalf from the checking, savings or credit account listed below and transfer it to **JUST-US-KIDS CHILD CARE CENTER.**

I understand that I am in full control of my payments and I will notify you, in writing, if at any time I decide to make any changes, discontinue this service, or change or close my credit card or bank account.

Name _____

Address _____

City _____ State _____ ZIP _____

Signature _____ Date _____

Checking Account

Account Number

Routing Number
(or attach voided check)

Credit Card Charge

- Visa
- MasterCard
- Discover

Credit Card Number

Expiration

CVV #