EZ-EFT Authorization Form

This simple authorization form allows us to bill your financial institution on the due date. There is no need for you to write checks, remember to mail them, or worry about late fees. Your record of payment will be listed each month on your statement and will be deducted only on the ***15th*** of each month.

Getting started is easy. Simply complete the authorization form included here. Attach a voided check to the form if you are using your checking account and return it to: **Just Kids, PO Box 668, Atco, NJ 08004. You can also fax the form to: 856-753-5884. This authorization is only good for the current school year.**

Please know that you are responsible to keep your information updated. If your account or credit card changes, you must notify us in writing (email or fax) of the new information. If your electronic payment is returned for any reason, we will charge your account a $20 NSF fee.

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.

Choose one:

☐ regular monthly deduction
amount of deduction: $_____

☐ deduction upon written notification
amount of deduction: $_____

☐ Registration fee: Indiv. $40.00 _____
Family $70.00 _____

☐ Space Usage Fee $_____x_____(per child)
(If applicable)

☐ _____ Books of FlexTickets $_____

Total deduction: $_____

Complete Below:

Parent/ Guardian Name: _____
Parent/ Guardian Phone: _____
Name of Acct/ Cardholder(if different from above):
_____
Cardholder's Phone #:
_____
Cardholder's work #:
_____
Cardholder's
Address:_____
City:_____State:_____Zip:_____
Child(ren)'s Name: _____
Child(ren)'s Name: _____
School(s) attending: _____

Choose account type:

☐ Checking Account Transfer
(voided check must be attached)

☐ Savings Account Transfer

Account Number: _____

Routing Number: _____

☐ Credit Card Charge
Type of Card:
☐ Visa ☐ MasterCard
☐ American Express ☐ Discover

__ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __
(Credit Card Number)

Expiration date: _____/_____(month/year)

Is your credit card a FSA card? ☐ **Yes** ☐ **no**

Unfortunately, FSA cards cannot be processed through our system. Therefore, we cannot accept an FSA card for payment.

I hereby authorize:
Just Kids/ Archway Programs to make my periodic payment on my behalf from the checking, savings or credit account listed above and transfer it to Just Kids.

I understand that I am in full control of my payment, and if at any time decide to make changes or discontinue this service, I will notify Just Kids in writing. Change of payment method will not affect the terms of my tuition. ***Changes for late pick-up, additional services or other charges will be included with my monthly payment.***

(Signature) (Date)