

## EZ-EFT Authorization Form

I hereby authorize

### City of San Rafael, Child Care Division

To make my periodic payment on my behalf from the Checking, Savings or Credit Card Account listed below and transfer it to \_\_\_\_\_  
Center Name

CHOOSE ONE:

\_\_\_\_\_ Checking Account Transfer  
(Voided check must be attached)

\_\_\_\_\_ Savings Account Transfer

\_\_\_\_\_  
(Savings Account Number)

\_\_\_\_\_ Credit Card Charge

\_\_\_\_\_ Visa \_\_\_\_\_ Master Card

\_\_\_\_\_  
(Credit Card Number)

\_\_\_\_\_/\_\_\_\_\_(month/year)  
(Expiration Date)

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 \_\_\_\_\_.  
Center Name

Change of payment method will not affect the terms of my contract.

**The following must be filled out completely and with accuracy.**

Name \_\_\_\_\_

Child(ren) Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_