

# Vermont Hills Family Life Center EFT Authorization Form

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

School Attending: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Bank: \_\_\_\_\_

Branch: \_\_\_\_\_

Routing/ABA Number: \_\_\_\_\_ (first 9 digits)

Bank Account Number: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_

Type of Account: \_\_\_\_\_ (checking, savings, etc)

Vermont Hills Family Life Center will deduct the amount of childcare listed with this signed authorization sheet.

This authorizes Vermont Hills Family Life Center to change the scheduled deduction with written authorization (i.e. schedule change). This also authorizes Vermont Hills Family Life Center to change your deduction automatically when tuition rates increase.

All additional charges for extra days, registration fees, and any other additional fees will be automatically charged to your EFT account at your next scheduled deduction. (If you would like to discuss this further, please contact our accounting department at 503-452-8633).

**Non-Sufficient Funds:** Upon notification of a return draft, a cashiers check or cash must be brought to the main office within 24 hours. A \$25.00 returned item fee must accompany this payment or care will be discontinued the following day.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Office Use Only*

Account No.: \_\_\_\_\_ EFT Start Date: \_\_\_\_\_ Entered on: \_\_\_\_\_



Version 2.4.0

[Copyright © 2014-2016 VHFLC. All rights reserved.](#)