

**Educational Resources for Children, Inc. (ERfC)  
Electronic Payment Form**

**Billing Name:** \_\_\_\_\_ **Child's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home/Cell:** (\_\_\_\_) \_\_\_\_\_ **Work** (\_\_\_\_) \_\_\_\_\_

**TERMS AND CONDITIONS**

It is my complete understanding that if I terminate my child's enrollment, I must submit a letter in writing canceling my Electronic Payment giving ERfC **TWO (2) weeks written notice** prior to my child's withdrawal date.

I understand that the weekly or monthly debit to my account is a continual draft for ten (10) months equal to the school calendar. Should any pre-authorized electronic payment not be honored by my financial institution when received, I agree that the payment is to be made by me in the amount of said payment, and I agree that I am responsible for that payment plus a service charge (contact ERfC for current fees). This service charge does not include possible fees imposed by my financial institution. I understand that if two electronic payments are rejected my child's enrollment will be terminated.

I, the undersigned, have read and agree to the above Terms and Conditions.

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

**ELECTRONIC FUNDS TRANSFER (EFT) OR CREDIT CARD AUTHORIZATION**

I authorize Educational Resources for Children, Inc. to debit my account as indicated below on a weekly or monthly basis. Should any preauthorized EFT or Credit Card payment not be honored by my financial institution at the time of the draft, I understand and agree to ERfC re-submitting, at their discretion, the request for payment.

**CREDIT/DEBIT CARD**

Card Type:    Visa    MasterCard    AMEX    Discover    Expiration Date: \_\_\_\_\_

Name on Card (print) \_\_\_\_\_

Card Number \_\_\_\_\_

I agree the weekly or monthly payment amount debited will be \$\_\_\_\_\_ and will be drafted every Friday and applied to the following week or by the 25<sup>th</sup> of the month for the following month. **Circle for withdraw:**

Weekly or Monthly

My first draft will begin on \_\_\_\_\_ (date).

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**EFT**

Financial Institution Name \_\_\_\_\_

Address \_\_\_\_\_

Name on Account (print) \_\_\_\_\_

Checking Account Savings Account

Routing Number (9 digits) \_\_\_\_\_ Account Number \_\_\_\_\_

I agree the weekly or monthly payment amount debited will be \$\_\_\_\_\_ and will be drafted every Friday and applied to the following week or by the 25<sup>th</sup> of the month for the following month. **Circle for withdraw:**

Weekly or Monthly

My first draft will begin on \_\_\_\_\_ (date).

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_