



CHRIST THE KING COMMUNITY DAYCARE/PRE-SCHOOL
Managed by New Generation Kids LLC

EZ-EFT Authorization Form

I hereby authorize

(Print name of your financial institution.)

to make my periodic payment on my behalf from the checking, savings or credit account listed below and transfer it to **Christ the King Continuing Education**

CHOOSE ONE:

_____ Checking Account Transfer
(Voided check must be attached.)

_____ Savings Account Transfer

(Savings Account Number)

_____ Credit Card Charge

____ Visa ____ AMEX
____ MasterCard ____ Discover

(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 **Christ the King Continuing Education**. Change of payment method will not affect the terms of my contract.

Name _____

Address _____

City _____

State _____ Zip _____

Signature _____

Date _____