

## Electronic Funds Transfer Authorization Form

Student Name:	Parent's Phone Number:
Account Holder's First Name:	Account Holder's First Name:
Address:	
Bank Name:	Bank Routing Number (9 digits):
Account Number:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

- Monthly Tuition fee is accepted via automatic Electronic Funds Transfer only.
- A non-sufficient funds (NSF) fee of \$35.00 will be charged for each transfer that is returned. All families are expected to keep their accounts current.
- If you intend to withdraw your child/ren, a written notice is required at least one month before the effective day and the final day must be the last day of the month. Paid Tuition cannot be refunded or transferred.
- Tuition is due regardless of vacations, illness, or learning center closures

I hereby authorize Blooming Buds to make deductions from my bank account when payments are due, and initiate adjustments for any duplicate or erroneous entries made in error to the account listed above. I hereby authorize the financial institution/bank named above to credit and/or debit the same such account. This authorization agreement is effective as of the signature date below and is to remain in full force and effect until Blooming Buds has received written notification from me of its termination. Fees/discounts are subject to change without notice.

**I have read, understand, and agree with the above EFT Authorization Agreement.**

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Authorized Signature

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Date

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### For office use only

Student Name:	Student Number:	Monthly Fee:
Initial Monthly Fee:	Starting Month, Year	Total Monthly Fee:
Registration & Testing Fees:	First Month's Tuition Fee and Deposit:	
Total Fees Collected:	EFT Starting Month:	

