

EZ-EFT Authorization Form

Family name: _____

Address: _____

Signature: _____ Date: _____

I authorize payments to be debited from my account ***Bi-Weekly*** on the 15th and 30th of each month.

I hereby authorize St. Jude School to initiate payments from the account type listed below:

Checking Account **Savings Account** **Debit/Credit Card**

Please use my bank account information that is already on file with extended day.

****If choosing EFT from a checking or savings account, complete the following:**

Financial Institution Name: _____

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ABA Bank Routing Number (9 digits)

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Account Number (Not more than 15 digits)

****Please attach a copy of a voided check**

****Or if choosing EFT from a debit/credit card, complete the following:**

Visa MasterCard Discover

(Credit Card Number)

_____/____

(Month/Year Exp. Date)

(3 digit CVV #)

Please return this completed form prior to using Extended Day

594 POPLAR STREET | ELYRIA, OH 44035 | (440) 366-1681