



CREDIT CARD / EFT AUTHORIZATION FORM



WFC/ASEP Account Holder's Name _____

Please draft my: Credit Card Checking Account for my monthly tuition.
(Visa or Mastercard only)

Comments?

Credit Card Information:



Credit Card Number: _____

Expiration Date: _____ Month _____ Year

Your Billing Address (On Credit Card Statement):

Authorized Signature _____

Date _____

EFT (Electronic Funds Transfer) Information:

Name on Checking Account: _____

Address on Check: _____

Routing #: _____ Account #: _____

Name of Bank: _____

Authorized Signature _____

Date _____

By signing this form I authorize The Work-Family Connection / ASEP to draft my credit card which includes but is not limited to monthly tuition, late fees, overtime fees, drop-in fees, full day program fees, etc.