



CREDIT CARD / EFT AUTHORIZATION FORM

WFC Account Holder's Name: _____

For my monthly tuition, please draft my:

Credit Card
(Visa/Master Card Only)

Checking Account

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 (WFC) to draft my credit card or automatically withdrawal funds which include but is not limited to monthly tuition, late fees, overtime fees, drop-in fees, full day program fees, etc.