ARCHWAY® PROGRAMS

Because Everyone's Need Is Special

Just Kids
An Archway Program
Celebrating 20 Years of Enriching Children's Lives

EZ-EFT Authorization Form

Just Kids

Dear Parent(s),

Never write another check to Just Kids again!

This simple authorization form allows us to bill your financial institution on the due date. There is no need for you to write checks, remember to mail them, or worry about late fees. Your record of payment will be listed each month on your statement and will be deducted only on the *15th* of each month. The date is determined by Just Kids. If additional charges are added to your deduction, a Just Kids invoice will be sent.

Getting started is easy. Simply complete the authorization form included here. Attach a voided check to the form if you are using your checking account and return it to: Just Kids, PO Box 668, Atco, NJ 08004.

What about security? The service uses the Federal Reserve's electronic payment network used by financial institutions nationwide, so it is absolutely secure. Consumer safeguard regulations for electronic payments are even more stringent than when you write a check.

Choose one:

☐ regular monthly deduction
amount of deduction: $_____

☐ deduction upon written notification
amount of deduction: $_____

☐ registration fee: $35.00 X _____

☐ $27 per child space usage fee if in Washington Twp.

☐ $32 per child space usage fee if in Swedesboro Twp.

☐ _____ Books of Tickets $_____

☐ PAID IN FULL

Total deduction: $_____

Date of initial deduction:_____

Complete Below:

Parent/ Guardian Name: _____

Parent/ Guardian Phone: _____

Name of Acct/ Cardholder(if different from above):

_____

Cardholder's Phone #: _____

Cardholder's work #:

_____

Child(ren)'s Name: _____

Child(ren)'s Name: _____

School(s) attending: _____

Choose account type:

☐ Checking Account Transfer
(voided check must be attached)

☐ Savings Account Transfer

Account Number: _____

Routing Number: _____

☐ Credit Card Charge

Type of Card:

☐ Visa ☐ Mastercard
☐ American Express ☐ Discover

__ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __
(Credit Card Number)

Expiration date: _____/_____(month/year)

Is your credit card a debit card? ☐ Yes ☐ no

I hereby authorize:

Just Kids/ Archway Programs to make my periodic payment on my behalf from the checking, savings or credit account listed above and transfer it to Just Kids.

I understand that I am in full control of my payment, and if at anytime decide to make changes or discontinue this service, I will notify Just Kids. Change of payment method will not affect the terms of my tuition. *Changes for late pick-up, additional services or other charges will be included with my monthly payment.*

(Signature) (Date)