



## Electronic Funds Transfer (EFT) Authorization

I hereby authorize Ten Mile Academy to initiate weekly withdrawals from my checking/savings account listed below for the purposes of child care tuition payments for my child(ren). I have attached a voided check for the account specified below. This authorization is to remain in effect until Ten Mile Academy has received written (email) authorization from me of its termination or change.

Additionally, I grant Ten Mile Academy the right to initiate adjustments to correct any erroneous credit or debit errors or to apply additional charges/fees.

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Telephone: (     ) \_\_\_\_\_

Parent Name Printed: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Circle one:   Checking     or     Savings

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

These numbers are located on the bottom of your check as follows:

Ⓜ 123456789 Ⓜ 1234567890123 Ⓜ  
Routing Number                      Account Number

**PLEASE ATTACH A VOIDED CHECK**

