



Clarendon Family Day Care, Inc.

101 Amesbury St. Suite 102 Lawrence, MA 01840 (978) 691-0018 fax (978) 683-9298

This form must be completed to start your Electronic Fund Transfer (EFT) for your parent fee payments. Please follow the four simple steps listed below, then take this form to either your bank or your employer:

- Bank if you're having this deducted from your bank account
- Employer if you're having this deducted from your paycheck

If you have any questions regarding electronic fund transfer or regarding this form, please feel free to contact the Clarendon Billing Department at (978) 691-0018.

1. PLEASE SELECT THE METHOD OF PAYMENT (CHECK ONE)

- Electronic Fund Transfer from your bank account
 Electronic Fund Transfer from your paycheck

2. PLEASE SELECT THE FREQUENCY OF PAYMENT (CHECK ONE)

- Weekly electronic fund transfer
 Bi-Weekly electronic fund transfer
 Semi-Monthly electronic fund transfer
 Monthly electronic fund transfer

3. PLEASE INDICATE THE AMOUNT TO BE TRANSFERRED

\$ _____ Amount to be transferred on the schedule checked in the box indicated above

4. PLEASE GIVE THIS FORM TO EITHER YOUR BANK OR YOUR EMPLOYER

- Give to your bank if you're having this deducted from your bank account
- Give to your employer if you're having this deducted from your paycheck

Name: _____

Phone: _____

_____ **ACCOUNT NUMBER**

_____ **ROUTING NUMBER**

***We will contact you via phone once we receive transfer confirmation.**