



Fitwize 4 Kids EFT Authorization – After School Program

Parent Information: New EFT Account Change in Bank Account/Contact Information Stop EFT Account

Mother: _____ Father: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Emergency Name & Phone: _____

Mom Employer: _____ Dad Employer: _____

Mother Cell: _____ Father Cell: _____

Mother Email: _____ Father Email: _____

Child Information (Please Print)

Last Name: _____ First Name: _____ MI: _____

Birthday: _____ School Attend: _____ WEEKLY DRAFT AMOUNT \$165 _____

Weekly Draft – I authorize Fitwize 4 Kids to acquire payments via Electronic Fund Transfer (EFT) and authorize the below named financial institution to draft payments to pay for the program enrolled above. I understand that a new authorization form must be completed if I close the referenced bank account, or if I wish to designate a different bank account. I understand that EFT may take approximately 30 days to become effective, and that this authorization will remain in effect until cancelled in writing.

This authorization agreement is effective as of the signature date below and is to remain in full force and effect until Fitwize 4 Kids has received written notification from me of its termination, in such time and such manner as to afford Fitwize 4 Kids and the Financial Institution a reasonable opportunity to act on it. Cancellation requires a 30-day written notice.

Check if billing address is the same as above. If it's not, please complete your information:

Billing address: _____ City: _____ State: _____ Zip: _____

CHOOSE PAYMENT OPTION:

Credit Card Information: I authorize Fitwize 4 Kids to automatically charge my weekly fee to my:

Visa Master Card Discover American Express

Name as it appears on card: _____ CSV code: _____

Card #: _____ Expiration Date: _____ / _____

I understand this agreement and that I have authorized Fitwize 4 Kids to draft my account on the Friday preceding the After School week my child will attend. There will be a \$10.00 late fee, if charge is declined or cancelled.

Print Name: _____ Signature: _____ Date: _____

Staff Member Signature: _____ Date: _____