

**Town of Scarborough
Community Services**

P.O. Box 360
Scarborough, ME 04074
730-4150

**Electronic Funds Transfer Authorization
Child Care 2015-16 (September through June)**

Paying in Full

Registration fee and a completed EFT form are still required. We will bill the full amount in August. Full payment is due no later than Friday, August 28, 2015; otherwise, the EFT will be activated on September 5.

Applicant Name (Parent or Guardian) _____

Applicant Telephone Numbers _____
Cell _____ Home _____

Email Address _____

Street Address _____

Participant Name/s (Child/ren) _____

Bank Name _____ Checking or Savings _____

Bank Routing Number _____

Account Number _____

Bank Account Holder's Name _____

**Please attach
voided check.**

Withdrawal Options (*please check one*):

Monthly: The amount below will be withdrawn the 5th of every month (*September through June*).

Amount \$ _____

Bi-Monthly: The amounts below will be withdrawn the 5th and the 19th of every month (*September through June*).

First Amount \$ _____ **Second Amount** \$ _____

Effective Month/Year _____
Month Year

Important Note: If we receive an "insufficient funds" notice from your bank, we will NOT be making any second attempt to collect from your account on file. A \$30 fee will be added to your current monthly child care balance. We will then contact you and you will be responsible for paying the total within 48 hours. If we do not receive payment, we will be forced to terminate child care services at the end of that week. If there are any further insufficient funds notices, this may result in termination from the child care program entirely.

Signature Required

I hereby authorize the Town of Scarborough to take payments by Electronic Funds Transfer from the institution noted above for the purpose of child care.

I acknowledge and agree to the terms and conditions of this agreement with the Town of Scarborough concerning the method and timing of payment. I understand that this will take effect on the month I have noted above under *Effective Month/Year* and the designated amount/s will be withdrawn on the 5th of every month (for monthly withdrawal) or on the 5th and the 19th of every month (for bi-monthly withdrawal), as noted above.

ACH Payment Type: PPD (for banking purposes)

I understand I must give a 30 days' advance notice in writing to the Town of Scarborough for any changes in the depository institution or other payment instructions.

Authorized Signature _____ Date _____

For Community Services Staff Only:

Instructions to Staff

- Check here that form is COMPLETE and effective month and year are noted. _____
- **If effective date is within a week prior to the 5th of the month, please call Finance for verification (Ext. 4084).**

Date Received _____ Staff Member Name _____