

**Town of Scarborough  
Community Services**

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

**Electronic Funds Transfer Authorization  
Before-School and After-School Child Care**

**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 the last week in August; 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Monthly: The amount below will be withdrawn the 5<sup>th</sup> of every month (*September through June*).

**Amount** \$ \_\_\_\_\_

Bi-Monthly: The amounts below will be withdrawn the 5<sup>th</sup> and the 19<sup>th</sup> 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this will take effect on the month I have noted above under *Effective Month/Year* and the designated amount/s will be withdrawn on the 5<sup>th</sup> of every month (for monthly withdrawal) or on the 5<sup>th</sup> and the 19<sup>th</sup> 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 5<sup>th</sup> of the month, please call Finance for verification (Ext. 4084).**

Date Received \_\_\_\_\_ Staff Member Name \_\_\_\_\_