

# EHTASCC Payment Method Form

ETHASCC Account Holder's Name \_\_\_\_\_

Payment Method:  Check/Cash  Credit Card  Electronic Funds Transfer (EFT)

Credit Card/Debit Information (If applicable):  American Express  Discover  MasterCard  Visa

Account Holder's Name: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_ Month \_\_\_\_ Year Security #:

Billing Address (On Credit Card Statement):

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Print

Date: \_\_\_\_\_

Electronic Funds Transfer (EFT) Information (If applicable): Name of Bank: \_\_\_\_\_

Name(s) on Checking Account: \_\_\_\_\_

Address on Check: \_\_\_\_\_

Account #: \_\_\_\_\_ Routing #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Print

Date: \_\_\_\_\_

**By signing this form I allow the East Hanover Township After-School Child Care (EHTASCC) to charge my credit card or withdraw money from my checking account for costs that include, but are not limited to monthly tuition, late fees, drop-in fees, full day program fees, and more.**

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Print

Date: \_\_\_\_\_