

## **CHAUTAUQUA PROGRAM EZ-EFT (Electronic Funds Transfer) AUTHORIZATION FORM**

I hereby authorize the Wentzville School District Chautauqua Program make my tuition payment on my behalf from the checking or credit account listed below and credit it to my child(s) account.

CHOOSE ONE:

Checking Account Transfer

(Voided Check must be attached.)

Credit Card Charge

(Office will call for card information)

**Please initial and complete desired date:**

\_\_\_\_\_ **21-22 School Year:** August 2021 through May 2022,  
on the \_\_\_\_\_ of each month. (Between the 1<sup>st</sup> through the 10<sup>th</sup>).

**(ALL FORMS MUST BE SIGNED)**

**Child's Name &**

**School:** \_\_\_\_\_

Name \_\_\_\_\_

(Please Print) (Please Sign)

Phone number \_\_\_\_\_ Date \_\_\_\_\_

I understand that I am in full control of my payment, and if at any time I decide to make any changes or discontinue this service, I will notify the Chautauqua Program Office.

**Please note:** There is a charge of \$15.00 for any debit or credit card declined for insufficient funds. There is a \$20.00 NSF fee that will be charged to an account that has a returned check.