



Office Use Only
 EFT _____
 List _____
 Bank _____

Dublin Latchkey, Inc. ELECTRONIC FUNDS TRANSFER (EFT) PROGRAM AUTHORIZATION

Section I	Contact Information
Parent Account Holder's Name:	
Child(ren) Name:	Enrollment Status:
	School Site Location:
Email Address:	
Section II	Banking Information
<input type="checkbox"/> ACH Debit Dublin Latchkey is hereby authorized to initiate debit entries to the bank account identified below and the bank is authorized to debit such account. This authority is to remain in full force, during the current school year, until the student is no longer enrolled in our program or until Dublin Latchkey, Inc. receives a written statement of cancelation from the account holder.	
Bank Name:	
Bank Address:	
Start Date:	Debit Amount: \$
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

By signing this agreement, I hereby authorize my bank to honor Dublin Latchkey, Inc. electronic debit request For my childcare premium for my child(ren) enrollment in the program. I understand that I can stop or change My electronic debt authorization by sending written notice, including effective date of change to Dublin latchkey, Inc. 5970 Venture Drive, Dublin, Ohio 43017. This authorization is to remain in force and effective until Dublin Latchkey, Inc. has received such notification at least 15 days prior to the next scheduled deduction. I understand that the amount deducted from my account could vary due to changes in my child's attendance status and any account or bank changes is my responsibility to notify Dublin Latchkey, Inc. In addition, I understand there is a thirty-five (\$.35) charge per debit by US Bank. Attach a voided check and Send this form to: Dublin Latchkey, Inc. 5970 Venture Drive, Dublin, Ohio 43017.

Signature of Account Holder: _____ Date: _____



EFT Instructions

Important Information

1. Account Type:

The EFT must come from a checking or savings account. WE DO NOT take credit cards.

2. Start Date and Duration:

EFT start date for new accounts will be in October of each school year and run until unenrolled from the program. There is no need to re-enroll each year.

3. Fees:

There is a bank fee of \$.35 PER transaction, an annual cost of \$2.80 per year.

4. Monthly Payment:

Payment will occur on the 4th day of each month (unless on a weekend or bank holiday, it will occur the next business day). Please know that the amount will be taken out of the account independent of the funds available.

5. Processing and Banking Information:

Once your account information has been entered into US banks secure site, your check will be shredded. If you change your bank, you will need to fill out another authorization.

Instructions

1. Fill out the back of the form and sign.
2. Attach a voided check to the form.
3. Send voided check and form to: Terrie Reid-Roane, Dublin Latchkey, Inc.
5970 Venture Drive, Dublin, Ohio 43017.