

# 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 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 debit 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 an thirty-five cent (\$.35) charge per debit by USBank. **Attach 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 card.

### 2. **Start Date and Duration**

EFT Start Date for New accounts will be in October of each school year and run through May. If you reenroll for the following year, it will continue again in October.

### 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 4<sup>th</sup> 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 them to: Attn: Beth Wolfe, Dublin Latchkey, Inc. 5970 Venture Drive, Dublin Ohio 43017

*SAMPLE*

ND GROUP Policyholder Address	Check # Date
Pay to the order: _____ \$	
	_____ Dollars
Bank Name	Signature
123456789	12345678 000
Nine digit routing #	Account # Check #
▲	▲ ▲