



P: 732-744-1749

## EZ-EFT AUTHORIZATION FORM

I hereby authorize \_\_\_\_\_ to make my monthly payment on my  
(*Print name of your financial institution*)  
behalf from the checking or savings account listed below and transfer it to The B.A.S.C. Network.

### CHOOSE ONE:

\_\_\_\_\_ Checking Account Transfer (voided check must be attached.)

\_\_\_\_\_ Savings Account Transfer A/C#: \_\_\_\_\_ ABA#: \_\_\_\_\_

\_\_\_\_\_ Credit Card Account CARD TYPE: \_\_\_\_\_

CARD #: \_\_\_\_\_

EXP. DATE: \_\_\_\_\_

I understand that I am in full control of my payment, and if at anytime I decide to make any changes or discontinue this service, I will notify the B.A.S.C. Network. Change of payment method will not affect the terms of my tuition.

PLEASE NOTE: Credit cards payments require a 3% additional fee on the total due.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Name \_\_\_\_\_ B.A.S.C. Site \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_