

## Little Blessings Automated Payment Options

Steps for setting up Auto Payment:

1. Complete the below Authorization form completely.
2. If selecting EFT, attach a voided check to the form.
3. If selecting Credit/Debit Card, include card number and expiration date. There is a 2.75% convenience fee.
4. Return form to Little Blessings' office.

*Note: Payments are processed on the 1<sup>st</sup> of each month. If the 1<sup>st</sup> falls on a weekend or holiday, the payment will be processed the next business day.*

### **Payment Authorization Form**

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I hereby authorize

\_\_\_\_\_ (Name of financial institution)

to make my periodic payment on my behalf from the checking, savings or credit/debit card account listed below and transfer it to **Little Blessings**.

**CHOOSE ONE:**

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

\_\_\_\_\_ **Savings Account Transfer**

\_\_\_\_\_ (Savings Account Number)

\_\_\_\_\_ **Credit/Debit Card Charge**  
**(2.75 % convenience fee)**

\_\_\_\_\_ *Visa*

\_\_\_\_\_ *MasterCard*

\_\_\_\_\_ *Discover*

\_\_\_\_\_ (Credit Card Number)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (month/year)  
(Expiration Date)

CVV Number: \_\_\_\_\_

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 **Little Blessings**.

Student Name: \_\_\_\_\_

Effective Date of Authorization: \_\_\_\_/\_\_\_\_/\_\_\_\_

Monthly Amount: \_\_\_\_\_

**Account Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**Attach Voided Check Here**