

**29F -Electronic Funds Transfer (EFT) Authorization Application (Company)**

I authorize the financial institution named below to accept Direct Payment instructions and to debit my account indicated below or credit my account if it is necessary to make corrections. I understand if my electronic payment is not made due to insufficient funds there will be a \$25.00 NSF service charge added to my payment.

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

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

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



**29F - SPILLED MILK SOCIAL CLUB**

**Bank Account Information**

Bank Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Routing Number (9 Digits): \_\_\_\_\_ Account Number: \_\_\_\_\_

*Routing numbers starting with 5 are invalid.*

**Payment Instructions: [ ] Savings account**

**[ ]Checking account**

WEEKLY [ ]

BIWEEKLY [ ]

MONTHLY [ ]

QUARTERLY [ ]

Payment Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Payment Amount: \_\_\_\_\_

If received by GMS after first scheduled draft should payments be forced? Yes\_\_ No\_\_

I hereby authorize Company, to initiate debit entries to my bank account. This authorization is to remain in full force until Company has received written notification from me of its termination in such time and in such manner as to afford Company a reasonable opportunity to act on it (30 days). I understand that this payment plan may be cancelled by Company at any time. I represent and warrant that I am authorized to execute this Authorization Agreement and I indemnify and hold the Company, bank and their agents harmless from damage, loss or claim resulting from all authorized actions hereunder.

\_\_\_\_\_  
**Payer's Signature**

\_\_\_\_\_  
**Date**

Check one: \_\_\_\_ **new participant**

\_\_\_\_ **change**

ACH Authorization form instructions:

- No need to attach a voided check, as long as you can provide accurate banking information
- Select “monthly” for your frequency of payment. If you need to pay bimonthly, please contact Stella or Ali.
- In the payment amount field, you can enter the maximum amount that we could charge you in a given month. Please make sure that this amount is AT LEAST as much as your greatest possible monthly tuition payment. We promise not to charge you anything more than you owe!
- For the start date, select the first day of the coming month (June 1st for newly enrolled summer 2021 families). If you need a specific date other than the 1st of the month, please contact a director for approval.
- Please answer “yes” to the following question: “If received by GMS after the first scheduled draft date should payments be forced?” We will never charge you more than you owe, nor will we initiate a funds withdrawal in a month when you do not owe tuition. However, when setting up multiple new accounts, the processing can sometimes take a bit longer, and thus we need your permission to initiate a funds withdrawal after the first of your initial month on ACH.
- You can return this form to us via email (Password protected is fine, just give us a call or text to let us know the password) OR in person on the first day of camp. IF you choose to deliver it in person, please make EXTRA sure that you’ve answered “yes” to the above mentioned question about forcing a payment. In addition, please shoot us an email or text letting us know so that your tuition payment is not considered late.
- If your first payment isn’t due for at least a month from now, you are also welcome to snail mail OR drop off your form in our mailbox at: spilled milk social club, 3804 Cherrywood Rd, Austin, 78722
- If you have any questions at all about our ACH process or completion of the form, please email us at [info@spilledmilksocialclub.com](mailto:info@spilledmilksocialclub.com)