

**RECREATION/COMMUNITY PROGRAMS DEPARTMENT
EZ-EFT (Electronic Funds Transfer) AUTHORIZATION FORM**

Student's Last Name _____

Student's First Name _____

PAYMENT PROGRAM ENROLLMENT



I hereby authorize my financial institution or credit card company to make periodic payments on my behalf from the checking or credit card account listed below and transfer it to P.V.P.U.S.D. Recreation/Community Programs Department on the scheduled payment due date of my student's enrollment.

This authorization form is valid for the current program session only. It is understood that I must complete a new authorization form upon registration each school year and each Summer Program session to enroll in the EZ-EFT Payment Program. As a security precaution, I understand that my EZ-EFT authorization and payment information will not be automatically transferred.

I further understand there will be a service charge added to my account if my EZ-EFT transaction is returned unpaid or declined by my financial institution or credit card company for any reason, in addition to any and all applicable late payment fees. I understand that my participation in the EZ-EFT Payment Program and my student's enrollment may also be jeopardized as a result.

I understand that I am in full control of my payments and I will give advance written notification to the Recreation/Community Programs Department business office if I decide to make any changes to this authorization, discontinue this service, or change or close my checking or credit card account. I will also give advance written notice to the business office with the new expiration date if my credit card will expire during my enrollment in this program.

Full Name as it Appears on Check or Credit Card _____

Billing Address _____ **City** _____ **State** _____ **Zip** _____

→ Authorizing Signature _____ **Date** _____

CHECKING ACCOUNT

Attach Your
VOIDED CHECK
Here

CREDIT CARD

MasterCard Visa Discover

Credit Card Number

Expiration Date (MM/YYYY) _____
*Security Code**

*Find 3-digit CVV2 Security Code on Back of Card *

Return Directly to: PV Kids' Corner/Teen Scene | **Email:** pvkids@pvpusd.net | **Fax:** (310) 265-5967