

Clarendon

Early Education Services, Inc.

A Quality Family Child Care & Nutrition Agency

ELECTRONIC FUND TRANSFER FORM (EFT)

This form must be completed to start your optional EFT for your parent fee co-payments.
Please follow the simple steps below

Name: _____ Date: _____ Phone: _____

STEP 1: Select Method of Payment (fill in one)

- Transfer from your bank account (bill pay)
- Transfer from your paycheck

STEP 2: Select Frequency of Payment (fill in one)

- Weekly
- Bi-Weekly
- Bi-Monthly
- Monthly

STEP 3: Please indicate the amount to be transferred:

\$ ____.

STEP 4: Bring this for to either your bank or your employer:

- Bring to your bank if, you're having the funds deducted from your savings or checking account.
- Bring to your employer if, you're having the funds deducted from your payroll.

YOU'RE DONE

The funds will be going to Clarendon Early Education Services, INC. 360 Merrimack St. Bldg. 5
– Suite 210. Lawrence, MA 01843

The funds will be going to Account # 814924 – Enterprise Bank

The funds will be transfer via Routing # 011302742

If you have any questions, please contact Nilka Perez at: (978) 691-0018 ext. 217