



72 School Street
Needham, MA 02492

EFT AUTHORIZATION FORM

I hereby authorize

(Print name of your financial institution.)

to make my periodic payment on my behalf from the checking, savings or credit account listed below and transfer it to Tobin Beaudet Schools.

CHOOSE ONE:

Checking Account Transfer
(voided check must be attached.)

Savings Account Transfer
(voided deposit slip must be attached.)

(Savings Account Number)

Credit Card Charge: Visa MasterCard

(Credit Card Number)

_____/_____
(month/year)
(Expiration Date)

.....
I understand that I am in full control of my payments, and if at anytime I decide to make any changes or discontinue this service, I will notify Tobin Beaudet Schools. Change of payment method will not affect the terms of my contract. A \$30.00 fee will be applied for any returned transactions.

Name _____

Address _____

City _____

State _____ Zip _____

Signature _____

Date _____

Please contact us with any
questions.
781-444-5444
sbeaudet@tobinbeaudet.com
charrell@thetobinschool.org