



4205 Spruce Street
Philadelphia, PA 19104
215-222-5480

Sign up for
EZ-EFT today!

I hereby authorize my financial institution to make periodic payments on my behalf from the checking, saving or credit account listed below and transfer it to

The Parent-Infant Center

CHOOSE ONE:

- Checking Account Transfer**
(Voided check must be attached)
- Credit Card Charge (2% monthly Fee)**
_____ Visa _____ MC
(Credit Card Number) (Exp month/year)
- Savings Account Transfer**

I understand that I am in full control of my payments and I will notify PIC if at any time I decide to make any changes, discontinue this service, or change or close my credit card or bank account.

Name _____

Address _____

City _____ State _____ ZIP _____

Signature _____ Date _____