



Chautauqua Program

Dr. Curtis Cain
Superintendent of Schools

Learning Today, Leading Tomorrow

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Coordinator,
Chautauqua Program

CHAUTAUQUA PROGRAM EZ-EFT (Electronic Funds Transfer) AUTHORIZATION FORM

I hereby authorize the Wentzville School District Chautauqua Program make my tuition payment on my behalf from the checking or credit account listed below and credit it to my child(s) account.

CHOOSE ONE:

____ Checking Account Transfer
(Voided Check must be attached.)

____ Credit Card Charge
(Office will call for card information)

Please initial and complete desired date:

____ **16-17 School Year:** August 2016 through May 2017,
on the _____ of each month. (Between the 1st through the 10th).

(ALL FORMS MUST BE SIGNED)

Child's Name & School: _____

Name _____
(Please Print) (Please Sign)

Phone number _____ Date _____

I understand that I am in full control of my payment, and if at any time I decide to make any changes or discontinue this service, I will notify the Chautauqua Program Office.

Please note: There is a charge of \$15.00 for any debit or credit card declined for insufficient funds. There is a \$20.00 NSF fee that will be charged to an account that has a returned check.