

**Sign up for
EZ-EFT today!**

**Don't
miss out!**

**It's quick;
it's easy...
it's FREE!!**

I hereby authorize my financial institution to make periodic payments on my behalf from the checking or savings account listed below and transfers it to **Rocking Horse Academy**.

CHOOSE ONE:

Checking Account Transfer

(Voided check must be attached)

Savings Account Transfer

I understand that I am in full control of my payments and I will notify you at least 1 week in advance if at anytime I decide to make any changes, discontinue this service, or change or close my bank account.

Name _____

Address _____

City _____ State _____ ZIP _____

Signature _____ Date _____

**Please note: We are unable to process Credit Cards at this time*

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