



Electronic Payment Request & Authorization Form

Please enroll me in:

____ **EZ-EFT Easy-Electronic Fund Transfer Agreement Form:** Establish an **automatic payment** to occur **on the 15th of each month** for (indicate one):

____ Balance of prior month's statement ____ Specific amount of \$ _____ /month

____ **INSTA-CHARGE:** Allow a single payment on my account by phone.

I hereby authorize the Community Learning Centers of Wood County Educational Service Center to process my monthly services payment on my behalf; from the checking, savings, or credit account listed below for transfer to Wood County Educational Service Center.

Choose a payment method:

____ **A) Checking Account Transfer**
please attach voided check

____ **B) Savings Account Transfer**

Bank Routing Number

Checking/Savings Account Number

Name of Bank:

____ **C) Credit Card Charge**

____ Visa

____ MasterCard

____ AMEX

____ Discover

Credit Card Number

Expiration Date

Security Code (back of card)

I understand that I am in full control of my payment, and if I decide to make any changes or discontinue this service I will provide a 7 day notice to the Community Learning Centers of Wood County Educational Service Center. Change of payment method will not affect other terms of my service agreement.

Printed Name: _____

Address: _____

Phone: _____ Location (SITE): _____

Signature: _____ Date: _____

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Please scan or photograph document then return to syoungpeter@wcsc.org

