



## **Electronic Payment Request & Authorization Form**

Please enroll me in:

\_\_\_\_\_ **EZ-EFT** (Easy-Electronic Fund Transfer) Establish an **automatic payment** to occur on the 15<sup>th</sup> 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 account/method :**

\_\_\_\_\_ **A) Checking Account Transfer**  
(please attach voided check)

\_\_\_\_\_ **B) Savings Account Transfer**

\_\_\_\_\_ Bank Routing Number

\_\_\_\_\_ Checking/Savings Account Number

\_\_\_\_\_ **C) Credit Card Charge** (choose type)

\_\_\_\_\_ 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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