



Electronic Payment Request & Authorization Form

Please enroll me in

___ **EZ-EFT** (Easy-Electronic Fund Transfer) Please 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

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

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 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 _____

Signature _____

City _____ Zip _____

Date _____

Phone _____

Rev 12/2016



1867 N. RESEARCH DRIVE
BOWLING GREEN, OHIO 43402
PHONE: 419-354-9010
FAX: 419-354-1146

CLC@WCESC.ORG



WWW.CLCSTARS.COM