



CHELMSFORD COMMUNITY EDUCATION

170 Dalton Road
Chelmsford, Massachusetts 01824
Phone: 978-251-5151 Fax: 978-251-5154
www.ChelmsfordCommunityEducation.org

Never write another check to *Chelmsford Community Education* again!

EZ-EFT (Electronic Funds Transfer) is the easiest way for you to pay your monthly bills. It's simple, secure... and best of all FREE!

HOW DOES EZ-EFT WORK?

Once you enroll in EZ-EFT, your financial institution will automatically send us your payment from your checking, savings or credit card account on the day it is due. It's your choice.

WHAT ABOUT SECURITY?

Payment is made by your financial institution only with your authorization.

What's more, Federal consumer safeguard regulations are even more stringent for EZ-EFT than when you pay by check, which means that EZ-EFT is more secure than conventional checking.

Convenience — EZ-EFT reduces the time and hassle of paying bills. Automatic payment means never having to remember to write, drop-off, or mail a check again.

Control — You determine the method of payment. And you can cancel this free payment service for any reason, at any time.

Value — Not only is EZ-EFT free, but it saves you time and money, and simplifies your busy life.

REGISTER NOW FOR EZ-EFT... IT'S EASY AND FREE

To Register for EZ-EFT simply:

1. Complete the enrollment form below.
2. Place your completed form in an envelope. If you choose to pay with the checking account option, please enclose a *voided* check.
3. Mail to the address above.

EZ-EFT Authorization Form

I hereby authorize _____ (print name of your financial institution.) to make my periodic payment on my behalf from the checking, savings or credit account listed below and transfer it to Chelmsford Community Education.

CHOOSE ONE:

_____ Checking Account Transfer (Voided check must be attached.)

_____ Savings Account Transfer

_____ (Account Number)

_____ Credit Card Charge ___ Visa ___ MasterCard

_____ (Credit Card Number)

_____/_____/_____ (month/year)
Expiration Date

_____ (Print Name as shown on Credit Card)

I understand that I am in full control of my payment, and if at anytime I decide to make any changes or discontinue this service, I will notify Chelmsford Community Education. Change of payment method will not affect the terms of my contract.

Name _____

Address _____

City _____

State _____ Zip _____

Signature _____

Date _____