WESTEX CONNECT
Credit Card & Bank Draft EZPay Set Up

Account Name _____

Account # _____ Phone #_____

☐ One Time Payment Amt to Draft $_____

(Info to stay on file & can email authorization to pay to billing@wtctx.com in future)

☐ Automatic Draft ☐ Draft Balance then Setup Automatic Draft

(Credit Card 1st-3rd of month & Bank Draft 5th of month ~ Will draft for full account balance)

CREDIT CARD PAYMENT/DRAFT

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Credit Card # _____

Expiration Date _____ / _____ CVC Code # _____ _____ _____

Name on Card _____

Address (on Card) _____

_____

ELECTRONIC BANK PAYMENT/DRAFT

Name on Check _____

Checking Acct# _____

Bank Routing # _____

Bank Name _____

Bank City/State _____

I hereby authorize **WesTex Connect** to charge or debit my credit card or checking/savings account as indicated above. I understand that all changes, modifications, payment arrangements, and/or cancellations must be made in writing and mailed to 500 Chestnut St #1901, Abilene TX 79602 or emailed to billing@wtctx.com PRIOR to the next draft. I understand by providing this information, I am electing to not provide an in-person credit card swipe or present a check for payment and this serves as my authorization for payment. I also understand that WesTex Connect and/or my financial institution can cancel my enrollment in this program at any time. Please be aware that draft dates are estimated dates, although they will not run earlier in the month of the range shown, they may run after. Please be aware that overdraft charges or over limit credit card charges are the responsibility of the customer. If customer has elected an automatic payment option on this form, this enrollment will remain in effect until cancelled in writing by customer or removed by WesTex Connect or customer's financial institution. WesTex Connect does not charge any additional fees to draft a customer's account. However, I am aware that WesTex Connect may add late fees, paper fees, returned check fees, reconnect fees, etc. as associated with my account. I understand that if I have elected a one-time payment that the information may be stored for future use. I understand that once I have supplied the information on this form, I may email billing@wtctx.com authorization to draft my account for another one-time use unless the email specifically authorizes WesTex Connect to set this to an automatic payment status, and then the automatic draft policies apply to the automatic payment.

SIGNATURE _____ **DATE** _____

*WESTEX CONNECT * 500 CHESTNUT ST #1901 ABILENE TX 79602 * 325/673-1930 *Fax 325/673-1970*

********** **OFFICE USE ONLY** **********

Date Received: _____ Completed By – Initials & Date: _____ / _____

____ Updated Info/Payment Option ____ Made Notes

____ Scanned/Attached ____ Ready to File