



EFT AMENDMENT

This completed form must be presented to your instructor by the 15th of the month to be effective the following month.

EFT STUDENT NAME _____ EFT# _____

EFFECTIVE DATE CHANGE: _____
Month/Year

PRICE CHANGE:

Original Price: \$ _____ To New Price: \$ _____
Original Tax (if applicable): \$ _____ New Tax: \$ _____

PAYMENT METHOD CHANGE:

New Method: **Checking:** Attach Voided Check (No Deposit Slips • No Savings Accounts)

Credit Card Type: VISA MasterCard American Express Discover

ATTACHED VOIDED CHECK

Credit Card Account Number

Expiration Date

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	

____ / ____
Month/Year

I _____
Please Print authorize the above noted changes to my Agreement to
authorize Electronic Funds Transfers or Automated Credit Card Payment.

Authorized signature on the above account: _____

INSTRUCTOR

Issued By (Center Instructor Name): _____

Instructor #: _____ District I.D. #: _____

Center Instructor Contact: _____

Phone (____) _____