



Electronic Funds Transfer (EFT) is the easiest way for you to pay your monthly bill. It's simple and secure!

HOW DOES EFT WORK?

Once you enroll in EFT, your financial institution will automatically send us your monthly payment from your credit card account.

After your EFT request is processed, you will receive an email confirmation for the month's payment.

IS EFT THE RIGHT CHOICE FOR ME?

If saving time and money are important, then EFT is the right choice for you. Consider all that EFT offers:

- **Convenience**- EFT reduces the time and hassle of paying bills. Automatic payment means never having to remember to write and mail a check. And EFT doesn't require a trip to the post office.
- **Control**- You determine the method of payment. For any reason if you need to make changes to your payment service, you can contact the York Revolution.

WHAT ABOUT SECURITY?

Payment is made by your financial institution only with your authorization. Federal banking regulations assure that only you can change the payment amount and method.

TO REGISTER FOR EFT SIMPLY:

1. Complete the enrollment form below.
2. Mail or drop off your form to:
York Revolution
5 Brooks Robinson Way
York, PA 17401

TERMS AND CONDITIONS:

For use of the EFT service, there will be a **one time \$5.00 convenience fee** added to your total. Any declined credit cards will result in an **additional \$8.25 fee**. The York Revolution reserves the right to deny/cancel EFT service at any time.

EFT AUTHORIZATION FORM:

I hereby authorize the accounts listed below to make my monthly payment on my behalf and transfer it to the York Revolution.

Primary Payment Method:

_____ (Credit Card Number)

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

(CCV)

Secondary Payment Method:

_____ (Credit Card Number)

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

(CCV)

AGREEMENT:

By checking here, I understand that I am in full control of my EFT payment, and if at any time I decide to make any changes or discontinue this service, I will call or notify **The York Revolution** in writing. It is my responsibility to notify the York Revolution if my credit card number should change for any reason. If my failure to do so results in a declined payment, I agree to pay the **additional \$8.25 fee** associated with a declined credit card.

PERSONAL INFORMATION:

Name _____

Address _____

City _____

State _____ Zip _____

Phone Number _____

Email Address _____

Payment Date 15th of the month

Customer Signature _____

Date _____

(For Internal use only):
Account Number

Customer Service Representative

All payments will start on the 15th of the month after this form is submitted and must be paid in full by April 15.