

# WCS Credit Repair.com

## Client Payment Form

**Hello and welcome to our Credit Consulting Program. We look forward to working with you & assisting you in correcting and modifying your credit profiles. Please fill out this form completely so we can get your service started quickly as possible. You will need to fill out the banking information below for your consulting fee. Consulting service will begin approximately two to three business days after your initial sign up is processed.**

**We do not need the physical check for your payment if you fill in all the info below, sign at the bottom, & send a voided check in with this payment form. All the information requested can be found on your checks. The bank routing # is a 9 digit # that identifies your bank on your checks. Please indicate which of the following payment options you are choosing by placing an X next to your desired option.**

- One Time Individual Payment of \$695**                       **One Time Dual Payment of \$895**
- Individual Payment Plan- Initial payment of \$223.75 & 5 monthly payments of \$134.25**
- Dual Payment Plan- Initial payment of \$ 273.75 & 5 monthly payments of \$164.25**

**Bank Name** \_\_\_\_\_

**Bank City & State** \_\_\_\_\_

**Bank Routing #** \_\_\_\_\_

**Account #** \_\_\_\_\_

I hereby authorize WCS (the parent company of WCS Credit Repair.com) to process my consulting fee option listed above. I understand that the fee will be debited upon receipt and that the monthly fee if applicable will be processed on the 1<sup>st</sup> or 15<sup>th</sup> of each month. I understand that this agreement shall remain in effect until my payment option term indicated above is completed.

Full name of account holder \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_

**Please fax this completed form or signed form and voided check toll free to:  
866 308 3447**