CCDCS | CONSUMER CREDIT & DEBT COUNSELING SOLUTIONS

A Professional Debt Management Service

ph: 888-862-2327 ● fax: 888-850-6740
***new client phone/fax*: 888-804-0624**

ACCOUNT ACCESS AUTHORIZATION

Client Name (last, first) _____ Social Security # _____

Co-Client Name (last, first) _____ Social Security # _____

Routing Number _____ Account Number (checking or savings?) _____

Client Authorization Agreement

I (we) hereby authorize Consumer Credit and Debt Counseling Solutions (CCDCS) to initiate an Electronic Funds Transfer (EFT) program from the account and financial institution listed above. I (we) agree that CCDCS may electronically draft this account on a periodic basis and in the amount(s) listed below. I (we) further agree that the same banking regulations which govern payment by check shall apply to all EFT transactions.

This authority is to remain in effect until revoked by me (us) in writing via e-mail and until such notice is received by CCDCS. I (we) further agree that if any such check or EFT is dishonored, whether with or without cause and whether intentionally or inadvertently, CCDCS shall be under no liability whatsoever.

I (we) understand that there is not a separate EFT fee, rather this is included in my monthly payment to CCDCS. This entitles me (us) to two EFT drafts per month. **NOTE: If EFT information must be changed FOR ANY REASON, please contact CCDCS immediately. Allow 3 business days for changes to take effect.

There will be a $30.00 fee for any check or EFT not honored by your financial institution. This includes, but is not limited to, non-sufficient funds or cancellation without prior notice to CCDCS.

Monthly EFT Options: (Check one)

Half on: ☐ 1st & 15th or ☐ 5th & 20th or, **only** ☐ one EFT per month on the _____ of each month.

Total monthly payment to creditors (includes CCDCS fee): = $_____ per month.
I (we) will pay our bills through the end of _____. Date to begin EFT: _____.

Amount to be drafted **each EFT date**: $_____. ***PLEASE ATTACH VOIDED CHECK***

I (we) understand and agree to all terms of this contract.

Client **Date:**

Co-Client **Date:**