



**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

Agreement to Allow CCDCS to Provide Debt Management Services

Client Name _____	Birthdate _____	SS # _____	Best Ph _____
Co-Client Name _____	Birthdate _____	SS # _____	Best Ph _____
e-mail address _____	Client Income _____	Co-Client Income _____	Total Income _____

Liabilities	Per Month	Creditor	Account Number	\$\$ Owed	Int Rate
Mortgage / Rent:					
Food / Grocery:					
Gas & Electric:					
Auto Fuel / Oil:					
Car Payment 1 or 2:					
Cable TV / Internet:					
Tithing / Donations:					
Support Payments:					
Child Care:					
Telephone:					
Clothes:					
Medical:					
Life Insurance:					
Health/Dental/Vision:					
Home / Renters Ins.:					
Auto Insurance:					
School Tuition:					
Beauty / Barber:					
Home Maintenance:					
Entertainment:					
Misc.:					

Monthly Expenses TOTAL: _____	Total Balance owed to Creditors: _____
TOTAL Monthly Income: _____	Debt Management Estimated Monthly Payment: _____
TOTAL Monthly Expenses: _____	
Available for Debt Reduction: _____	

I have *read and understand* both pages of this agreement, and the 'Client Info & Responsibilities' document, and will seek to fulfill my obligations to the best of my ability.

Client: _____	Date: _____
Co-Client: _____	Date: _____



CCDCS SHALL:

1. Notify all creditors listed in the debt management agreement of the client's desire to engage the services of CCDCS. This includes an offer as to the proposed monthly payment to be made to the creditor.
2. Provide client with a client statement and current educational information once each year.
3. Place all payments received for the purpose of dispersal to creditors in a client trust account. All such client payments shall be separated from the funds of CCDCS or any of its officers or employees and may be used only for paying debts of the person from whom the money was received. Such trust funds are not subject to attachment or levy by order of court.
4. Have the right to determine how payments received will be divided among creditors if no such direction has been agreed upon previously between client and CCDCS.
5. Upon cancellation of CCDCS's services by the client, notify creditors of such cancellation.
6. Keep, for a period of two years, payment history, accounts, and records after the final payment.
7. Receive voluntary contributions from the client's creditors (fair share or grants) based on the creditor's standard operating procedures with respect to debt management companies - such as CCDCS. This contribution will not affect the decision by CCDCS whether to accept the client into its debt management program.
8. Charge compensation for services rendered the client, at a maximum of \$50.00 per month. This monthly payment is subject to the client's ability to pay for such services. A client shall not be denied services from CCDCS because of an inability to pay a monthly payment on their debt management plan. Each counselor has the authority to override the requirement of a monthly service fee received from a client.

CCDCS SHALL NOT:

1. Accept an agreement unless a thorough written budget analysis of the client's financial situation indicates that the client can reasonably meet the payments required in his/her budget analysis.
2. Charge any cancellation or termination penalty.
3. Accept any agreement which has any blank spaces when signed by the client.
4. Lend money or credit or provide any type of loans.
5. Furnish legal advice or perform legal services nor hold itself out to be competent in the area of law.

This Agreement between CCDCS and the client SHALL:

1. List every debt to be consolidated with each creditor's name, and disclose the total of all such debts.
2. Provide payments reasonably within the ability of the client to pay, in precise terms, when possible.
3. Disclose in precise terms the amount of CCDCS's charges.
4. Be null and void upon written notification by CCDCS or the client, or upon the client's or CCDCS's failure to perform the requirements stated herein, whereby all creditors and the client will be notified by CCDCS.

The CLIENT SHALL:

1. Provide all requested information completely and honestly.
2. Provide in a timely manner any changes in information which is relevant to a client's financial status or plans, or relating to the client's address or phone number or e-mail address.
3. Be available by telephone or other instant electronic media within CCDCS's regular hours of business.
4. **Make all payments for distribution to creditors in the form of a money order, or bank ACH draft.**
5. Upon execution of this agreement by the client, authorize CCDCS to communicate with the client's creditors as is necessary for the normal establishment and administration of the client's debt management program with CCDCS.