

CONSUMER CREDIT COUNSELING SERVICE OF MARYLAND AND DELAWARE, INC.

757 Frederick Road, 2nd Floor, Baltimore, MD 21228-3317 (410) 747-2050 or (800) 571-2227 Fax (410) 747-4503

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)

I authorize Consumer Credit Counseling Service of Maryland and Delaware, Inc. (CCCS) to initiate debit entries to my account indicated below and the depository named below. The amount debited will be a fixed monthly debit amount unless I notify CCCS otherwise. **IN ORDER TO CHANGE THE AMOUNT OR CANCEL AN AUTOMATIC DEBIT, I MUST NOTIFY CCCS FIVE (5) FULL WORKING DAYS PRIOR TO THE CURRENT MONTH'S WITHDRAWAL DATE. FUNDS WILL BE DISBURSED APPROXIMATELY THREE (3) BUSINESS DAYS AFTER THE WITHDRAWAL DATE.**

CHECK THE APPROPRIATE WITHDRAWAL DATE AND INDICATE THE AMOUNT BELOW:

- 3rd of each month for \$ _____ 13th of each month for \$ _____
- 20th of each month for \$ _____ 28th of each month for \$ _____

Note: The dates listed above are WITHDRAWAL dates. Funds must be available in the account by the date checked in order to avoid a non-sufficient funds (NSF) situation. **Funds withdrawn on the 28th will not be available for disbursement until the first week of the following month.**

Please complete the following:

Name of Depositor (as shown on bank records): _____
Please Print

Bank Name: _____
Please Print

Bank Address: _____
Please Print

Type of Account: Checking Savings

Bank Account Number: _____

Nine (9) Digit Bank Routing No: _____
(This number can be found on your checking or savings deposit slip. It is always 9 digits)

I certify:

- I have read and understand the rules and regulations regarding CCCS ACH debits.
- I am aware that CCCS can drop me from the ACH Debit Program if my account has insufficient funds at the time of withdrawal indicated above.
- I agree that CCCS may charge a \$10.00 fee for insufficient funds returned to them on my account, except where prohibited by law.

A VOIDED CHECK OR SAVINGS DEPOSIT SLIP WITH THE NAME(S) OF THE ACCOUNT HOLDERS AND THE BANK ROUTING AND ACCOUNT NUMBER IMPRINTED ON IT MUST BE RETURNED WITH THIS AUTHORIZATION AGREEMENT.

Name(s): _____
(Please Print)

Client No: _____

(Please Print)

Total amount of monthly debit: \$ _____

Effective Date: _____

Signed: _____

Date: _____

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CCCS AUTOMATIC CLEARING HOUSE (ACH) DEBIT SERVICE

RULES AND REGULATIONS

Client# {client_number}

1. Client should allow 30 days for enrollment in the ACH program. CCCS will send you a letter of activation that will list your first withdrawal date. Until you receive this notice, please make your normal CCCS deposit.
2. CCCS must be notified about any permanent or temporary changes to your monthly deposit five (5) full business days prior to your scheduled monthly withdrawal date.
3. Funds will be disbursed approximately three (3) business days after the withdrawal date.
4. If, for any reason, CCCS receives a non-sufficient funds (NSF) notification on a withdrawal from your bank account, CCCS can stop the ACH service and you may be required to send money orders, cashier's checks or certified checks for a minimum of three (3) consecutive months. You may reapply for reentry into our ACH service at that time.
5. CCCS will not charge a set up fee or monthly maintenance fees for this service. However they may charge you a \$10.00 fee for any returned items due to NSF, except where prohibited by law.
6. The Enrollment Form can only be processed if your voided blank personal check or savings account deposit slip is attached. Please note: The name of the account holders and the bank routing and account number must be imprinted on the voided check or deposit slip to permit CCCS to initiate ACH service. All information regarding your bank account will be held in strict confidence and will only be used to enroll you in this service.
7. In the event that a creditor requests an increase in your monthly payment amount, CCCS will notify you in writing of the increase that you must make to your ACH deposit.
8. If you wish to end this service for any reason, please contact the ACH representative in our Accounting Department five (5) business days prior to your scheduled monthly withdrawal date.