

Automatic Payment (ACH) Change Form

Client Name (s): _____ Client Number: _____

Change CCCS Total Scheduled **Payment** to \$ _____ Starting _____
Amount Month/Year

Starting _____ **change** withdrawal **timing** to one of the following:
Month/Year

Withdrawal of funds on the 1st of each month: \$ _____
Amount

Withdrawal of funds on the 15th of each month: \$ _____
Amount

Withdrawal of half of your funds on the 1st of each month: and the remaining half on the 15th.

1/2 Total: \$ _____ Total Amount: \$ _____
Amount Amount

Hold off pulling ACH for _____ only. Do **not** pull for: _____
Month(s) Month(s)

Resume ACH Payment: _____ Resume on the 1st Resume on the 15th
Month

Cancel ACH payment starting: _____
Month/Year

Final pay off accounts with total payment of \$ _____. Month: _____
Amount Month

(Verified with creditors and CCCS)

Change financial institution information. (attach copy of cancelled check and new agreement)

Other: _____

Client Signature Date

Individual Providing Verbal Confirmation Date

Submitted by: Staff Name Date