

# Automatic Payment (ACH) Terms and Conditions

You can pay your Debt Management Program (DMP) through automatic withdrawals from your checking or savings account. To apply for the ACH automatic withdrawal service, simply complete and sign both the Terms and Conditions and the Authorization Agreement, attach a voided check or a statement to verify the account information. If you are using a joint account, both people named on the account must sign all documents. All documentation must be signed and complete. Due to the different payment options please allow 30 days for processing.

The service is subject to the following terms, guidelines, and conditions;

1. We must receive signed paperwork to process 30 days in advance. Allowing for processing time, please indicate the month you desire the service to begin: \_\_\_\_\_
2. Indicate the withdrawal method preferred:  
 Withdrawal of full funds on the 1<sup>st</sup> of each month Amount: \$ \_\_\_\_\_  
 Withdrawal of full funds on the 15<sup>th</sup> of each month Amount: \$ \_\_\_\_\_  
 Withdrawal of half of your funds on the 1<sup>st</sup> and the remaining half on the 15<sup>th</sup> Total: \$ \_\_\_\_\_
3. Make your payments in the usual manner until then (see Client Guidelines for further details on payments). CCCS will send an email notification once set up is complete. You may also check with your financial institution to verify the first withdrawal.
4. **The withdrawal from your account will take place on the 1st and/or 15th of the month, based on which option you have chosen.** When the withdrawal date is on a weekend or holiday, withdrawals will occur on the next business day.
5. **If you want to stop the service, you must notify us in writing.** We will continue to debit your account until we are properly notified.

CCCS strongly encourages clients to participate in this program and has waived set up fees to encourage participation. However, there is a \$25 NSF fee if funds are not available on the scheduled date. This fee can be avoided if you contact us prior to your scheduled date of withdrawal. This NSF return item fee will be added to your next monthly statement. We will attempt to notify you by phone of any NSF or return payments from your financial institution, so that you can make other payment arrangements.

I (we) have read the above terms, conditions, and guidelines and understand them and agree to them.

\_\_\_\_\_  
*Client* \_\_\_\_\_ *Date* \_\_\_\_\_ *DMP Account Number* \_\_\_\_\_

\_\_\_\_\_  
*Spouse* \_\_\_\_\_ *Date* \_\_\_\_\_