

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

Taxpayer ID#: 92-0089285

I (We) hereby authorize Consumer Credit Counseling Service of Alaska to initiate debit entries to our account indicated below from the Bank/CU named below.

Attach a voided check or a savings deposit slip or complete the following information:

Bank name _____

Transit/ABA #: _____ Account #: _____ checking savings

Initial Deposit Only (includes \$25 set-up fee)

1st Withdrawal Date(s) _____ / _____

Amount(s) \$ _____ +\$5.00* = _____ / \$ _____ +\$5.00* = _____

Regular Monthly deposit start date: _____

Monthly Withdrawal dates: _____ / _____

Amounts \$ _____ +\$5.00* = _____ / \$ _____ +\$5.00* = _____

* \$5.00 PROCESSING FEE PER AUTO DEPOSIT

This authority is to remain in full force and effect until CCCS of Alaska and Bank/CU has received written notification from me (us) of its termination in such time and in such manner as to afford CCCS of Alaska and Bank/CU a reasonable opportunity to act on it.

_____/_____. On the date that you instruct us to pull, funds will be deducted from your account. If this date falls on a weekend or holiday we will pull on the next banking day (M-F).

_____/_____. If funds are not pulled on the scheduled date, you agree to leave the funds in the account for a future withdrawal. CCCS of Alaska will not cover NSF fees as a result of taking an authorized payment after a designated pull date.

_____/_____. Funds are not available to CCCS of Alaska for disbursement for 5 banking (M-F) days. If you have secured debt, please allow 15 days for funds to reach your creditor. Your counselor will help you determine the best pull date, and instruct you on how to move a due date if necessary.

_____/_____. To deposit extra you must notify CCCS 2 business days ahead of your regular withdrawal date using one of the 3 methods in the next paragraph. CHANGING the withdrawal amount is subject to the CHANGE fee described in the next paragraph.

_____/_____. Any CHANGES to your automatic withdrawal must be made at least 2 business days prior to your regularly scheduled withdrawal date and will carry a \$15 CHANGE fee. This fee will be withdrawn from your account upon your notification of CHANGE to us. **To make CHANGES** please contact us at: 1) **Email: AD@cccsofak.com** at your convenience. 2) 8am-5pm M-F: Call the main office 907-279-6501 and ask to speak with the auto deposit administrator. 3) After hours: Call (907) **279-6515** and leave a voice mail message. **Do not** contact your counselor directly or leave a message with our after-hours answering service regarding CHANGES to your automatic withdrawal as this may cause delays and additional penalty charges.

_____/_____. CCCS of Alaska will charge a \$15 fee to recover fees charged when the request for funds is denied. This fee will be withdrawn directly from your account with your next scheduled deposit date, or upon termination of AD or the DMP program.

_____/_____. 3 denials or 3 CHANGES in any 12-month period you will be dropped from the Automatic Deposit program.

_____/_____. To re-establish payments with Automatic Deposit, you must make 3 months of full and on-time deposits, after which you will need to enroll by completing a new Automatic Deposit form, and will be subject to all changes that may have been instituted since your prior enrollment.

I have read and understand the above terms for having my deposit to CCCS OF ALASKA withdrawn from my bank account automatically.

Printed name on bank account

Date

Signature

Signature

Prep. By _____ Client ID # _____