



**CONSUMER
CREDIT & BUDGET
COUNSELING**

**Automated Clearing House (ACH)
Electronic Payment
Authorization and Agreement**

I (we) authorize Consumer Credit and Budget Counseling, Inc. to initiate debit entries to my (our) account at the financial institution as indicated on the attached voided check, with such funds to be deposited in a segregated trust account for payment to my (our) creditors as enrolled in the Debt Management Plan. I (we) will take responsibility for any fees or losses incurred by Consumer Credit and Budget Counseling, Inc, for any failure on my (our) part or my (our) bank's part in this electronic transaction.



Attach Voided Check Here

This authorization is to remain in full force and effect until Consumer Credit and Budget Counseling has received written notification from me (us) of it's termination, in such manner as to afford Consumer Credit and Budget Counseling a reasonable opportunity to act on the request. Temporary increases or reductions must also be communicated to Consumer Credit and Budget Counseling in an appropriate amount of time in order for Consumer Credit and Budget Counseling to act on such requests.

Name(s) (please print)

ID# (CC&BC account number)

Authorized Signature

Date

Authorized Signature (joint account)

Date

For CC&BC Use Only
S: _____
DS: _____
G: _____

A Non-Profit, Multi-State Licensed, Bonded, Consumer Education and Financial Counseling Agency

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