Dear Clients:

When setting up the automatic withdrawal for your payment to CCCS, we need you to add $1.00 to your payment amount for each withdrawal from your account to cover the ACH processing fee. For example, if the monthly payment to your creditors is $300.00 and you are having the money withdrawn from your account once a month, the total amount to be withdrawn will be $301.00.

The date for the withdrawal needs to be 5 days before the day your payments are scheduled to go to your creditors. For example, if your payments are scheduled to go to your creditors on the 10th of each month, the withdrawal from your account will need to be on the 5th of each month.

By using the correct withdrawal date your payment will be processed on time and go out on time. If you have any changes that need to occur on your account or you need to stop the automatic withdrawal, this will need to be done 3 business days before the scheduled withdrawal date.

In the event you do not have the funds in your account when the withdrawal is processed, there will be a $4.00 insufficient funds fee charged.

We appreciate your help on this matter. If you have any questions, feel free to call Gale or Janet in the Salina Office.

Sincerely,

Gale Burger

Gale Burger
Accounting Department
**AUTHORIZATION FORM**

Agency Name: Consumer Credit Counseling Service

<table>
<thead>
<tr>
<th>FOR OFFICE USE ONLY:</th>
<th>CUSTOMER # __________________________ DATE __________________________</th>
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Effective date of authorization: _____/_____/_____

Type of authorization:  
- [ ] New authorization  
- [ ] Change payment amount  
- [ ] Change payment date  
- [ ] Change banking information  
- [ ] Discontinue electronic payment

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<thead>
<tr>
<th>Last Name</th>
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Email Address

Date of first payment: _____/_____/_____

Frequency of payment (check one):  
- [ ] Monthly on the 5th  
- [ ] Monthly on the 20th  
- [ ] Other Preferred  
  Date __________________________

Amount of recurring payment: $___________

Amount of last payment (optional): $___________

Add $1.00 Monthly Fee per transaction

Please debit payment from my (check one):  
- [ ] Savings Account (contact your financial institution for Routing #)  
- [ ] Checking Account (staple a voided check below)

Routing Number:  
Valid Routing # must start with 0, 1, 2, or 3

Account Number:  

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I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: ___________________________________________  Date: __________________________

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*If using a checking account, please attach a voided check at the bottom of this page.*