



**Consumer Credit
Counseling Service
of Delaware Valley**

1608 Walnut Street, 10th Floor
Philadelphia, PA 19103
phone (215) 563-5665
fax (215) 563-7020
website www.cccsdv.org

A Non-Profit Community Service Since 1966

ACH Enrollment Form

Client Name
Daytime Phone Number

Client Number
Home Phone Number

I wish to sign up for ACH withdrawal:

[Write the word "VOID" on your blank check or savings withdrawal slip and staple it here.]

- Amount of withdrawal: _____
- Month of First Withdrawal: _____ (Required field to process your ACH request)
- Date of Withdrawal: 1st 5th 10th 15th 20th 25th (Only Choose One Date Please)

Please be aware that your requested withdrawal amount will be held for three business days after the funds have been withdrawn from your specified bank account and then disbursed to your creditors on CCCS's next scheduled disbursement date. Please contact our Customer Service Department at 800-989-2227 if you require assistance in choosing the best withdrawal date to meet your needs.

I wish to make the following ACH change(s):

All changes to ACH require a \$5.00 fee that will be withdrawn from your account along with your next scheduled withdrawal. A minimum of 5 business days notice is required in writing to process your request. This request can be submitted in writing via mail, via e-mail to ach@cccsdv.org or via fax to 215-563-7020.

Please select your request.

Change ACH Amount: From _____ To _____ Effective _____

Change ACH Draft Date Select one of the following withdrawal dates.

1st 5th 10th 15th 20th 25th

ACH funds are not guaranteed funds; therefore, may not disburse to your creditors for up to 5 business days.

Change ACH Bank Account Information

A BLANK VOIDED CHECK MUST BE ATTACHED

Write the word "VOID" on your blank check or savings withdrawal slip and staple it here. If your financial institution does not provide savings slips or checks, please attach a letterhead letter from your bank indicating your account number and the bank's routing number for automatic withdrawals.

Terminate my ACH withdrawal effective: _____

Change my regular ACH withdrawal amount one time only to \$ _____ in the month of _____ and return to my regular ACH withdrawal amount of \$ _____ on the month of _____ .

I authorize CCCS of Delaware Valley to process debit entries from my account. This authority will remain in effect until I give reasonable notification to terminate this authorization. I understand there will be a \$25.00 fee automatically charged to my account for any insufficient funds (NSF) transactions. I understand that CCCS may need to increase my monthly scheduled payments due to possible increases in my proposed payments to creditors. If the increase in my payment is \$20.00 or less, CCCS will use my original authorization to debit my account and will notify me of any increases.

Signature _____

Date _____

Please return this form to CCCS, Attention ACH, 1608 Walnut Street, 10th Floor, Philadelphia, PA 19103.

Please keep a copy of this form for your records.