

Application For Auto Deposit System (ADS)

Client Name _____
 (Name must match name on bank account)

Client Number _____ e-mail address _____

Work Phone Number _____ Home Phone Number _____

Bank Name _____ Bank Phone Number _____

Your monthly Debt Management Plan (DMP) deposit is \$_____.

Withdraw my CCCS deposit from (check one) CHECKING or SAVINGS account

Indicate the month you want the Auto Deposit to start: _____.

Please tell us below what dates you would like us to withdraw funds from your bank account. You may choose from one or two dates. The dates chosen must be between the 1st and 28th of every month. Indicate the amount of each withdrawal in the column on the right. The total of all amounts must equal your full DMP deposit amount listed above.

Withdrawal Date (1 st -28 th)	Withdrawal Amount

If more than one withdrawal date is selected, the funds will not disburse until a full deposit has been received. ADS funds are not guaranteed funds; therefore, funds may not disburse to your creditors for a minimum of 5 business days. Funds withdrawn after the 21st of the month may not be disbursed to your creditors until the following month.

A VOIDED CHECK OR WITHDRAWAL SLIP MUST BE ATTACHED HERE →

If your financial institution does not provide savings slips or checks, please attach a letterhead letter from your bank indicating your routing and account number for auto withdrawal.

I understand that CCCS may charge a \$25.00 fee for non-sufficient funds (NSF) and that this charge would be drafted at my next scheduled draft.

I understand that I am allowed to verbally increase or decrease my draft up to \$150 monthly.

I understand that any additional increases or decreases require written notification which must be received by CCCS a minimum of 5 business days prior to the withdrawal date selected.

I am solely responsible for contacting CCCS within 48 hours after my written request has been faxed; to make sure my request has been received and processed.

I will receive written notification from CCCS informing me of my start date. If I do not receive this letter 5 business days prior to the scheduled withdrawal date, I must contact CCCS at 1-800-251-2227 to verify my ADS status.

I authorize CCCS to process debit entries from my account. This authority will remain in effect until I give written notification to terminate. This authorization must be received within 5 business days of the specified draft date.

If CCCS has already disbursed my funds and I subsequently revoke the ADS transaction, I authorize my bank to reimburse those funds to CCCS from my account.

Signature _____ Date _____

**Fax completed form to 404-653-8882, or mail to:
 CCCS, Attn ADS, 100 Edgewood Avenue, Suite 1800, Atlanta, GA 30303**