



CONSUMER CREDIT  
COUNSELING SERVICE

A member of the CredAbility Network

**AUTHORIZATION AGREEMENT FOR DIRECT TELEPHONE PAYMENTS  
(NON-RECURRING ACH DEBITS)**

Banking regulations require us to notify you of pending drafts prior to the funds being removed from your account unless we have your written authorization on file. If you are unable to provide us an email address for notification, you must complete this form and return it to CCCS for us to take your request over the phone.

Do not use this form if you want us to draft your checking or savings account on the same day each month for the same amount (recurring). The Application for Auto Deposit System (ADS) can be found by going to [www.ccsinc.org](http://www.ccsinc.org) and entering "ADS" in the Quick Search box on the left.

I (we) hereby authorize Consumer Credit Counseling Service of Greater Atlanta (CCCS) to initiate non-recurring drafts from my (our) \_\_\_ Checking Account/ \_\_\_ Savings Account (select one) indicated below at the financial institution named below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Bank or Credit Union Name \_\_\_\_\_

Branch (if known) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number (must be nine digits) \_\_\_\_\_

Account Number \_\_\_\_\_

This authorization is to remain in effect until CCCS has received written notification from the undersigned to revoke it. The revocation request must include the client's name, client number and the last four digits of the checking or savings account number. The revocation will be effective not later than five days from receipt. Any bank drafts submitted prior to the revocation cannot be voided or deleted.

Client Name(s) \_\_\_\_\_ (Please Print)

Client Name(s) \_\_\_\_\_ (Please Print)

Client ID# \_\_\_\_\_ Date \_\_\_\_\_

Client Signature \_\_\_\_\_

Client Signature \_\_\_\_\_

Return this form to CCCS, 100 Edgewood Ave., Suite 1500, Atlanta, GA 30303 or fax it to 404-653-8896.  
Email: [zzzach@cccsinc.org](mailto:zzzach@cccsinc.org)

**NOTE: THIS AUTHORIZATION MAY BE REVOKED ONLY BY NOTIFYING CCCS  
IN THE MANNER SPECIFIED ABOVE.**