

# Direct Answers to Questions about ACCS E-Z PAY

**Q. What is electronic payment?**

A. Electronic payment is automatic bill payment whereby your payment is deducted automatically from your checking or savings account.

**Q. What is the advantage of electronic payment?**

A. It saves time! It saves work! It simplifies your life! You can avoid the hassle of writing or mailing checks!

**Q. How can you transfer money from my account?**

A. Only with your authorization.

**Q. When is the electronic payment transferred from my account?**

A. On its due date. You never have to worry about forgetting a payment or mailing it on time!

**Q. If I do not write checks, how do I keep my checkbook balance straight?**

A. Since your payment is made at a pre-established time, you simply record it in your check register on the appropriate date.

**Q. Without a cancelled check, how can I prove I made my payment?**

A. Your bank statement gives you an itemized list of electronic payments. It is your proof of payment.

**Q. Is electronic payment risky?**

A. Electronic payment is less risky than check payment. It cannot be lost, stolen or destroyed in the mail. It has an extremely high rate of accuracy.

**Q. What if I change bank accounts?**

A. Notify us and we will give you a new authorization form to complete.

**Q. How much does electronic payment cost?**

A. It costs you nothing. Plus, you save the cost of stamps, checks and envelopes.

**Q. What if I try electronic payment and don't like it?**

A. You can cancel your authorization by notifying us any time. But, once you've enjoyed the convenience, time and money savings of electronic payment, we doubt you will want to go back to paying bills the way you did before.

**Q. How do I sign up for electronic payment?**

A. Complete and sign the authorization form below and return it to us along with a voided check or savings deposit slip.

**American Credit Counseling Service, Inc.**

**YES! I'd like to sign up for ACCS E-Z PAY**

FOR OFFICE USE ONLY	Client Account #:	Total Monthly Payment:
1 <sup>st</sup> Payment Date:	Payment Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	
1 <sup>st</sup> Payment Amount:	\$ _____ Amount Collected Per Payment Transferred	
Preferred payment date: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____		
Name on Account (Please print):		
Address:		
City:	State:	Zip:
Please transfer payments directly from my: <input type="checkbox"/> Checking account (Attach a voided check) <input type="checkbox"/> Savings account (Attach a savings deposit slip)		
Routing # (between these symbols  : ):	Account #:	

I authorize American Credit Counseling Service, Inc. to process debit entries from my account. This authority will remain in effect until I give reasonable notification to terminate this authorization or until the last specified payment date. I understand there will be an \$18.00 fee automatically charged to my account for any insufficient funds (NSF) transactions. I have attached a voided check or savings deposit slip.

Authorized signature on my account:

Date:

**● Please attach voided check or savings deposit slip ●**

**RETURN TO:  
ACCS, Inc.  
4 Taunton St., Suite 5  
Plainville, MA 02762**