



Community Partner



american credit counseling service, Inc.
A Non-Profit Agency



ISO 9001 2008
FS 96013

EZ-PAY AUTHORIZATION FORM

Agency Name: American Credit Counseling Service, Inc. (ACCS)

American Credit Counseling Service, Inc. Effective date of authorization: ___/___/___

Type of authorization:

- New authorization, Change payment amount, Change payment date, Change banking information, Discontinue payments

Last Name, First Name, Address, City, State, Zip, Email Address

Date of first / next payment, Frequency of payment (check one), Amount of each scheduled payment, I authorize ACCS to draft additional funds...

CHECKING / SAVINGS, Please debit payment from my (check one): Savings Account, Checking Account, Routing Number, Account Number

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

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