



Harbour Credit
Counseling
Services, Inc.

P.O. Box 9228
Virginia Beach, VA 23450
(757) 340-2564 Fax (757) 498-6432
Toll Free (800) 4-0-DEBTS
Toll Free Fax (800)256-3504

AUTOMATIC CHECKING AUTHORIZATION

I hereby request and authorize the following Automatic Checking Authorization made with Harbour Credit Counseling Services Inc. (HCCS Inc.):

Client Name(s): _____ SSN: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: (____) _____ - _____

Please (*Check One*) : Debit my Checking Account Savings Account

A current, unsigned, voided check MUST be attached in the box below in order to process.

Attach Voided Check Here

We (I) have selected the Automatic Checking Debit option and authorize HCCS Inc. to withdraw or "debit" the monthly amount of \$ _____ from the above bank account starting the month of _____. Please check one:

- | | |
|--|--|
| <input type="checkbox"/> Please withdraw on the 2 nd | <input type="checkbox"/> Please withdraw on the 16 th |
| <input type="checkbox"/> Please withdraw on the 5 th | <input type="checkbox"/> Please withdraw on the 19 th |
| <input type="checkbox"/> Please withdraw on the 9 th | <input type="checkbox"/> Please withdraw on the 22 nd |
| <input type="checkbox"/> Please withdraw on the 12 th | <input type="checkbox"/> Please withdraw on the 26 th |

Termination from Automatic Checking:

HCCS Inc. will terminate or change debits from our (my) bank account only upon our (my) written request at least **7 days** prior to the next scheduled debit date. We (I) acknowledge that if HCCS Inc. does not receive that notice in the allotted time, **HCCS Inc. cannot guarantee** that the Total Monthly Amount will not be debited from our (my) account. Furthermore, due to HCCS's Non-Profit status, HCCS Inc. will not be responsible for overdraft fees caused by automatic debits. Funds debited from our (my) bank account and all other payments made to HCCS Inc. for payment of the Listed debts will not be returned to us (me) at any time for any purpose.

However, funds will be paid to the creditors on the Creditors List to pay or reduce our (my) Listed Debts

Insufficient Funds:

In the event of insufficient funds the client agrees to immediately submit a money order for the monthly payment plus a \$25.00 NSF charge. Automatic checking will continue the following month.

Holding Period:

We (I) acknowledge that HCCS is required to hold all automated checking payments for **3 business days** before disbursing to my (our) listed debtors.

Client Signature _____ **Date:** _____

A Licensed Non Profit Agency

www.40Debts.org