



5103 Pegasus Court, Suite L, Frederick, MD 21704

Customer Authorization Agreement for Pre-Authorized Payments

I (we) hereby authorize *Revive Credit Counseling* to initiate debit and credit entries to my (our) checking account indicated below and the depository named below to debit or credit the same such account.

Depository Information (Bank)

Customer Name: _____

Social Security Number: _____ Date: _____

Customer Phone Number: (H) _____ (W) _____

Bank Name: _____

City: _____ State: _____ Zip: _____

Bank Routing Code # (9 digits): _____

Bank Account #: _____

Payment due date: _____ Payment Amount: _____

IMPORTANT

****ATTACH A VOIDED CHECK HERE****

Terms and Conditions

1. **Effective date of transfer** – You will receive a confirmation that **Revive’s** EFT payment service has been set up and provide the date and amount of your monthly transfers. If you do not receive your confirmation letter within 2 weeks of mailing your application, you must contact Client Services before sending payment on your own.
2. **Revocation of the authority** – **It is your responsibility to contact the EFT department in writing in order to cease withdrawals from your account.** **Revive’s** authority to transfer funds from your account will not cease until **Revive** receives written notice from you revoking this authorization agreement. This notice must be received at least 15 days prior to the date on which you wish the arrangement to end.
3. **Insufficient funds** – If your automatic withdrawal is returned for insufficient funds, **Revive** and your financial institution may assess a fee. If an automatic withdrawal is rejected by your financial institution for any reason, you must then send your payment directly to us in the form of a money order, cashier’s check, western union or certified bank check.
4. **Ineligibility/Removal from EFT** – If your account has two occurrences of unpaid drafts; you will be permanently removed from the EFT program. This includes insufficient funds and requests for inactivations. Also be aware that should you place a stop payment on a draft or revoke authorization without prior approval from Client Services, you will be immediately removed from EFT. If you are removed, you will receive a letter explaining you are no longer eligible and you must send all future payments in the form of a money order, cashier’s check, western union, or certified bank check.
5. **Errors** – You have the right to have the amount of an incorrect deduction immediately corrected by your financial institution provided you send the appropriate notice to your financial institution. Your financial institution can provide you with information on its error resolution procedures.
6. **Successors or Assignees** – This Authorization agreement extends to **Revive’s** agents, successors, and assignees.
7. **Revive’s Liability** – **Revive’s** payment service is provided as an accommodation and convenience to you. **Revive** shall be held free and harmless from and against any and all claims, demands, actions, suits, or expenses (including reasonable attorneys’ fees), whether based on contract, negligence (including the negligence of **Revive** or its agents), or otherwise, as may arise out of any act or failure to act on **BE LIABLE FOR ANY CONSEQUENTIAL, SPECIAL, INDIRECT, PUNITIVE OR EXEMPLARY DAMAGES OR LOSSES THAT YOU MAY INCUR OR SUFFER BY REASON OF THIS AGREEMENT OF ANY PAYMENT EFFECTED OR NOT EFFECTED UNDER THIS AGREEMENT.**
8. **Adjustment to Amount** – New or changed information regarding your indebtedness might require an adjustment in your monthly payment. Provided that you have confirmed the new amount with Client Services at least five business days prior to your withdrawal, **Revive** is hereby authorized to change the amount of the charge to your checking account. You agree that the payment change confirmation provided by you shall constitute adequate notice of payment change as may be required by the Electronics Funds Transfer Act and Federal Reserve Board Regulation E.
9. **Checking Account Only** – The account being used must be a checking account; it cannot be a savings account. The account must also be a personal account, not a business account. The clients name must appear on the check.

I HEREBY AGREE TO THE TERMS AND CONDITIONS NOTED ABOVE AND ON THE DEPOSITORY INFORMATION PAGE.

Name(s): _____

SS#(1): _____

SS#(2): _____

X _____

Authorized Signature

Date

X _____

Authorized Signature

Date

Before authorizing EFT for your Credit Counseling payments, it is important that you understand the following guidelines:

Should I continue to mail my payments in after I send my application?

You will receive a confirmation letter in the mail advising you of the date and amount of your first withdrawal. If you do not receive your confirmation letter before your next payment is due, you must call Client Services before you send your payment. This will avoid the possibility of a double payment.

When must EFT paperwork be received by?

You must have your EFT paperwork completed and returned with a voided check at least 15 days prior to your third payment through the program. All EFT paperwork must be mailed to:

The EFT Center – Revive Credit Counseling
5103 Pegasus Court, Suite L
Frederick, MD 21704

There has been an enveloped enclosed for your convenience.

Can I change my due date once my EFT account is established?

You will be permitted to change your due date once during the course of your enrollment on the program. However, you must notify us at least 5 business days in advance of your originally scheduled due date.

What happens if there are insufficient funds in my account when the draft is attempted?

If an automatic withdrawal is rejected for any reason, you must send your payment directly to us in the form of a money order, cashier's check, or certified bank check. We will not attempt another draft for that month's payment. If your account has two occurrences of unpaid drafts, you will be permanently removed from the EFT program. This includes insufficient funds and requests for inactivation. Also be aware that should you place a stop payment on a draft or revoke authorization without prior approval from Client Services, you will be immediately removed from EFT. If you are removed, you will receive notification explaining you are no longer eligible and you must send all future payments in the form of a money order, cashier's check, or certified bank check.

What if I want to stop EFT as a means of making payments or change the information about the Bank that the funds are being drawn from?

If you want to stop EFT or change banking account information, you must submit a written request at least 15 days prior to the date the funds are to be deducted from your account. To change accounts you must submit a copy of your new pre-printed check. Starter checks are not acceptable. You may fax the information to (301) 668-5245.

What if I want to increase the amount of the payment that I want to be deducted from my account?

If you want to change the amount of the payment that you want to be deducted from your account, you must speak with a representative at our processing center at least 5 business days prior to the scheduled date of EFT pull from your account.