



Please print legibly. Round amounts up to next dollar amount

Creditor Name				Balance Owed \$		Int. Rate:		Number Of Pymts Behind:			Your Monthly Pymt: \$		
Address				City		ST		ZIP			Phone		
Account Number:													
<input type="checkbox"/> CreditCard/StoreCard <input type="checkbox"/> BankLoan <input type="checkbox"/> StudentLoan <input type="checkbox"/> Dr./Hospital <input type="checkbox"/> Coll.Agency <input type="checkbox"/> DebtBuyer <input type="checkbox"/> Other_____													
Name of Cosigner (if any)				Original Creditor:					Original account # (if different)				
Primary Account Holder's Name:									Creditor Id:		Proposed Payment:		

Creditor Name				Balance Owed \$		Int. Rate:		Number Of Pymts Behind:			Your Monthly Pymt: \$		
Address				City		ST		ZIP			Phone		
Account Number:													
<input type="checkbox"/> CreditCard/StoreCard <input type="checkbox"/> BankLoan <input type="checkbox"/> StudentLoan <input type="checkbox"/> Dr./Hospital <input type="checkbox"/> Coll.Agency <input type="checkbox"/> DebtBuyer <input type="checkbox"/> Other_____													
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Name of Cosigner (if any)				Original Creditor:					Original account # (if different)				
Primary Account Holder's Name:									Creditor Id:		Proposed Payment:		

Counselor Code: _____

Please list your current balances. Inaccurate information can result in rejected proposals.

5410342201



OP - Debit Form
Effective Date - 02/01/04
Revision:0

PLEASE DEBIT MY:

CHECKING ACCOUNT SAVINGS ACCOUNT

Client name (s) _____ SS# _____
(Please print)

1st Program Payment Date _____ FP\$ _____
(Enter N/A of First Payment is other than EFT)

2nd Program Payment Date _____ \$ _____
Recurring on the _____ of every month.

**TO DOCUMENT OWNERSHIP OF ACCOUNT TO BE DEBITED,
PLEASE PLACE VOIDED CHECK HERE**

PLEASE PRINT ALL THE NUMBERS THAT APPEAR ACROSS THE BOTTOM OF YOUR CHECK
(DO NOT INCLUDE CHECK NUMBER)

--	--	--	--	--	--	--	--	--	--

ROUTING #

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ACCOUNT #

Bank Name _____ Bank Phone# _____

Client Signature(s) _____ Date _____

All changes to debits must be submitted to our office in **WITHIN FIVE (5) BUSINESS DAYS** prior to EFT date. If notice is not given within the specified period of time, your account will be debited as scheduled. The monthly payment amount is subject to change per creditors' requirements.



Print Client Name _____ Counselor Code _____

Please note all creditors require this form be itemized for accuracy

Monthly Household Expenses	
Mortgage	
Second Mortgage	
Rent	
Condo Fee	
Taxes	
Car Payment	
Second Car Payment	
Car Expenses /Maintenance	
Union Dues	
Alimony/Child Support	
Transporation	
Groceries/Food	
Day Care	
Education	
Clothing	
Charitable Donations	
Dry Cleaning/Laundry	
Gifts	
Cellular/Pager	
House Maintenance	
Entertainment	
Other	
Monthly Sub-total	\$

Monthly Utilities	
Gas/Oil	
Electric	
Telephone	
Water/Sewage	
Cable	
Internet	
Monthly Sub-total	\$

Monthly Insurance	
Life	
Auto	
Medical/Heath	
Medication	
Homeowners	
Flood	
Monthly Sub-total	\$

Monthly Revolving Debts	
Credit Cards	
Personal Loans	
Installment Loans	
Other Secured Debts	
Monthly Sub-total	\$

Total Monthly Expenses	\$
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Monthly Total Assets	
Home	
Other	
Monthly Sub-total	\$

Monthly Income Sources	
Net Monthly Salary	
Net Spouse Salary	
Part-Time Income	
Social Security	
Retirement	
Pension	
Military	
Annuity	
Child Support	
Alimony	
Food Stamps	
Disability	
Other	
Total Monthly Income	\$

Monthly Household Expense To Income	
Monthly Total Expense to Income	
Monthly Debt-To-Income Ratio (AFDC)	

Revive Credit Counseling Incorporated
1409 Wilshire Boulevard
Santa Monica, CA 90403

CLIENT AGREEMENT

This agreement is made between Revive Credit Counseling, Inc., a non-profit national debt management organization and the below signed client (hereinafter referred to as "Client", "I", "Me", "myself"). I voluntarily engage the professional services of Revive Credit Counseling, Inc. to provide debt management counseling services by negotiating a repayment plan with my creditors.

A. I agree that my participation and my creditors' participation in the Revive Credit Counseling Debt Management Program are completely voluntary. I may terminate this Agreement at any time provided I give written notice to Revive Credit Counseling, Inc. five days prior to any payment due dates. I hereby authorize Revive Credit Counseling, Inc. to disclose any information concerning my financial condition and status, to any creditor listed by me on the agreement. Revive Credit Counseling, Inc. may also obtain any information concerning me from any creditor listed by me. Revive Credit Counseling, Inc. agrees that all information in my file will be otherwise kept confidential and used only for legitimate business purposes under the Fair Credit Reporting Act.

B. Revive Credit Counseling, Inc. does not report client information to any credit reporting service. I understand that Revive Credit Counseling, Inc. will attempt to bring my accounts current, but that Revive Credit Counseling, Inc. makes no claims to improve or remove any credit reference on any clients' credit report. I recognize that Revive Credit Counseling, Inc. has no responsibility or obligation for any past, present, or future credit rating assigned to me by any of my creditors or any information contained in any credit reporting service file.

C. I understand Revive Credit Counseling, Inc. will begin my debt reduction program once they receive my initial payment and all the required information. I understand that Revive Credit Counseling, Inc. will work with my creditors in an attempt to reduce my interest rates and required minimum monthly payment. I understand that failure to provide accurate information can delay this transition process. I also understand that this process can take between 30 to 90 days to complete. I will make all payments by electronic debit, bank check, money order, government allotment or Western Union made payable to "Revive Credit Counseling, Inc."

D. Revive Credit Counseling, Inc. agrees to negotiate with my creditors and send me statements of payments made through Revive Credit Counseling, Inc. upon my request.

E. I understand that there is a monthly maintenance fee of seven dollars per account, minimum thirty-five dollars.

F. Revive Credit Counseling, Inc. may make changes to this Agreement by giving me 30 days notice and I may reject these changes by written notice to Revive Credit Counseling, Inc. during the notice period. Any changes not rejected will become effective on the date specified in the notice.

G. I agree to hold Revive Credit Counseling, Inc., its employees, officers, directors, and agents harmless from any claim, suit or damages as a result of action taken by my creditors. Creditor interest rates, finance charges, and late fees may remain, be waived, or otherwise adjusted by creditors. I understand that Revive Credit Counseling, Inc. is not responsible for creditors' actions regarding such charges.

H. I understand that creditors reserve the right to close any account that is on a debt management program. If a creditor is enrolled on the program, all open lines of credit with that creditor will be closed. It is further understood that creditors not in the program may temporarily suspend user privileges.

I. I authorize Revive Credit Counseling, Inc. to contact all of my creditors to work out a new payment schedule. I understand that Revive Credit Counseling, Inc. will pay my creditors solely with funds that I have deposited with Revive Credit Counseling, Inc., and that Revive Credit Counseling, Inc. will never lend money to a client for any reason.

J. I have insured that all the creditors I wish to consolidate are listed on the Client Statement form. I will contact my counselor immediately if the listing is incorrect.

K. Late and over-the-limit fees may appear on some or all of your creditor statements during the first ninety days of the program. This is the amount of time that your creditors need to process your accounts and apply your benefits. During this time, creditors that have not processed your program paperwork will call or write you to inquire about your payment status. This is a normal part of the enrollment process.

L. The benefits of Revive Credit Counseling, Inc. debt reduction program are subject to creditor approval, pending creditor certification, and acceptance of the information you provided.

M. Contributions by Creditors. I understand that some or all of my creditors may make contributions to Revive Credit Counseling, Inc. based upon payments made by Revive Credit Counseling, Inc. to those creditors on my behalf. My creditors may make further contributions based upon any payments made to my creditors by any lender or other third party.

N. Certain creditors reserve the right to cancel program benefits if a new revolving line of credit is opened any time during your program participation.

Please consult a Customer Care representative before opening any new revolving credit lines.

O. In the event that Revive Credit Counseling, Inc. receives a partial payment from you the payment will not be forwarded to the creditors, except at the discretion of Revive Credit Counseling, Inc. on a priority basis or until the balance is received. If the balance is not received within thirty (30) days, Revive Credit Counseling, Inc. will utilize its best judgment and may disburse the available funds without further notice to the client.

I agree to all the terms and conditions of this Agreement, and both Revive Credit Counseling, Inc. and I have received a copy of it. There are no other agreements, promises, or representations, unless executed in writing between Revive Credit Counseling, Inc. and myself, other than those stated in this Agreement.

Please call your counselor if you have any questions regarding this agreement.

I have read and understand the information above:

X _____ /_____/_____
Customer Signature Date

X _____ /_____/_____
Co-Applicant Signature Date

X _____
Customer Name (Please Print)

X _____
Co-Applicant Name (Please Print)

S.S. # _____

Co-Applicant S.S. # _____



1409 Wilshire Blvd, Santa Monica, CA, 90403

AUTHORIZATION TO RELEASE PERSONAL CREDIT INFORMATION

Applicant's Name:	_____	Applicant's Social Security #:	_____
Co-Applicant's Name:	_____	Co-Applicant's Social Security #:	_____

I am authorizing Revive Credit Counseling, Inc. to re-negotiate a payment schedule on my behalf with your organization. I am also authorizing Revive Credit Counseling, Inc. to contact you and have access to any information regarding my account(s) with your company. This is for the purpose of providing the most accurate and up to date information regarding my accounts in accordance with participation in credit counseling services provided to me by Revive Credit Counseling, Inc. in my efforts to re-pay the debt owed to you. Please cooperate and provide any assistance to Revive Credit Counseling, Inc. unless I request otherwise from you in writing.

Thank you for cooperation and assistance in this matter.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____