COLLECTING PAYMENTS AUTHORIZATION FORM

Authorization Agreement For Preauthorized Payment(s) (Automated Bank Debit)

I authorize <u>National Foundation for Credit Counseling, Inc.</u> hereinafter called COMPANY, to initiate debit entries from our checking account from the financial institution listed below.

If any of the below information changes, I will promptly complete a new	w authorization agreement.	
Company Name:		
Address:		
City:	State	Zip Code:
Business Phone:	_	
Representative:	Title:	
Account Information - Business Checking Account Pe	rsonal Checking Account	
Financial Institution Name:		
City:		Zip:
I authorize National Foundation for Credit Counseling, Inc. to withdraw		
Reoccurring Flat Amount of \$		
∀ariable Amount		
☐ Monthly ☐ Weekly	Other Variable interval	ls
ABA Bank Routing Number (must be 9 numbers)	Account Number (not to	
(Enter the above information from the bottom of your check, do not include the in order to sign up you must attach a voided copy of your check. Deposit slips are not		commend that the check is Voided.
- Staple the company voided check here		
	Check Here	
This authority is to remain in full force and effect until the "Company" hin such time and in such manner as to afford the "Company" a reason	las received <u>written</u> notification able opportunity to act on it.	from me within 30 days of its termination
X Signature of Authorized Check Signer		Date
Print First, Middle Initial and Last Name		Title
National Foundation for Credit Counseling, Inc. ■ 2000 M Street,	NW, Suite 505 Washin	ngton DC 20036 2 02-677-4300

The Company will retain this document on file.