



6315 Hillside Court, suite B, Columbia MD 21046

P 1-800-642-2227 F 410-312-7261 E info@cccsmd.org

Guidewell Financial Solutions has a new name – CCCSMD!

Authorization Agreement for Automatic Withdrawal of Funds (ACH)

Name on Bank Account:

Name of Bank:

Bank Address:

Account Information

Please debit payment directly from my (check one): Checking Account
 Savings Account

Routing Number

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(9 digits on the bottom left of your check)

Account Number ____



Payment Information

DMP monthly payment amount \$____ Date of first payment:____

Please select an ACH Withdrawal date: 3rd 8th 18th 23rd

I/we authorize CCCSMD to electronically debit my/our account. To stop an ACH withdrawal I/we must notify CCCSMD at least five (5) business days prior to the next scheduled withdrawal date. A \$15 fee will be assessed for all returned payments, except where prohibited by law.

Client Authorization

Signature _____ Date _____

Signature _____ Date _____

Getting Started with Automatic Withdrawal (ACH)

How to Enroll

1. Complete the Authorization Agreement for Automatic Withdrawal of Funds form.
2. Select your first payment date, which may differ from your recurring monthly ACH debit date.
3. Select your monthly ACH withdrawal date. This date will determine the date your funds are withdrawn from your account each month. Should the withdrawal date fall on a holiday or weekend, the funds will be withdrawn on the next business day.
4. Sign and date the authorization agreement and return the form to CCCSMD by **fax at: 410-312-7261** *Attention: Client Services* **or** by **email at: info@cccsmd.org** *Subject Line: ACH Enrollment Form.*

How to Make ACH Changes

Please notify CCCSMD in writing about permanent or temporary changes that will impact your monthly ACH debit at least five (5) full business days prior to your scheduled monthly withdrawal date.

How to Stop ACH Payments

Please email us at info@cccsmd.org *Subject Line: ACH Stop Request* **or** call us at 1-800-642-2227 at least five (5) business days prior to your scheduled monthly withdrawal date.

Notice to Clients

In the event a creditor requests an increase in your monthly payment amount, CCCSMD will notify you in writing.

If CCCSMD receives a non-sufficient funds (NSF) notification on a withdrawal, ***you will be charged \$15, unless prohibited by law.*** Please be advised that your ACH service may also be suspended and this could result in a requirement of payments via money order or certified check.

******Please Retain This Information for Your Records******