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Guidewell Financial Solutions has a new name – CCCSMD!

## Bi-Weekly Authorization Agreement for Automatic Withdrawal of Funds (ACH)

Name on Bank Account \_\_\_\_\_

Name of Bank \_\_\_\_\_

Bank Address \_\_\_\_\_ City \_\_\_\_\_ State\_ Zip \_\_\_\_\_

### Account Information

Please debit payment directly from my: Checking 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 **two** ACH Withdrawal dates: 3<sup>rd</sup> 8<sup>th</sup> 18<sup>th</sup> 23<sup>rd</sup>

Or

Please select a day of the week to have bi-weekly payments drafted:

\_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday

Please contact our office for additional draft dates.

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.

### 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 This date will determine the date your funds are withdrawn from your account each month. Should the withdrawal date fall on a holiday or weekend, the funds will be withdrawn on the next business day.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](mailto:info@cccsmd.org)** *Subject Line: ACH Enrollment Form.*

### How to Make ACH Changes

Please contact CCCSMD at 1-800-642-2227 for any permanent or temporary changes that will impact your monthly ACH debit at least two (2) full business days prior to your scheduled monthly withdrawal date.

### How to Stop ACH Payments

Please email us at [info@cccsmd.org](mailto: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.

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