



Dear Client:

Thank you for your inquiry regarding the Automatic Payment Plan. Enclosed is an authorization form to sign up for the service.

Please complete the form, ATTACH A VOIDED CHECK OR SAVINGS WITHDRAWAL SLIP and return to:

CCCS of The Village
Attn: Automatic Payments
P.O. Box 9859
Fargo, ND 58106-9859

Here's how the Automatic Payment Plan works...

You authorize regularly scheduled payments to be made from your checking or savings account. We will debit your account on the 4th or 19th of each month OR, if you wish to have us debit your account for ½ your deposit on the 4th and ½ on the 19th, please indicate this on the authorization form. Proof of payment will appear with your statement.

THE AUTHORITY YOU GIVE TO CHARGE YOUR ACCOUNT WILL REMAIN IN EFFECT UNTIL:

1. You notify us in writing to terminate the authorization (at least 10 business days prior to the debit date) OR
2. The Village is notified of a non-sufficient fund/returned item transaction.

CONTINUE TO MAIL YOUR DEPOSIT EACH MONTH AS USUAL until you are notified that the Automatic Payment Plan is in effect.

The Automatic Payment Plan is dependable, flexible, convenient, and easy. If you have any questions, please call us at 1-800-450-4019 or 701-235-3328.

The Village Financial Resource Center



AUTHORIZATION FOR AUTOMATIC PAYMENT

CLIENT INFORMATION

(Name, Address, Phone): _____

BANKING INFORMATION

Type of Depositor Account (*Select one*): Checking Savings

Account Number: _____

Name and Address of Financial Institution: _____

Financial Institution Routing Number: _____
(9-digits between these symbols |: |: on the bottom of your check)

I/We authorize The Village Financial Resource Center and Bremer Bank, NA to initiate entries to my/our checking/savings account in the amount of \$ _____ on the (*select one*) 4th, 19th, **OR** 4th & 19th of each month, effective date: _____

This authority will remain in effect until I/we notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I/We can stop payment of any entry by notifying my/our financial institution 3 days before my/our account is charged. I/We can have the amount of an erroneous charge immediately credited to my/our account up to 15 days following issuance of my/our statement or 60 days after posting whichever occurs first. I/We understand The Village may automatically terminate the automatic payment plan upon notification of a returned item/insufficient fund transaction.

Date Signature

Date Signature

Please attach voided check here

*Only attach deposit slip when using savings account.

For Office Use Only:

Client ID

AP Start Date

C1 Start Date

Counselor

Contract Amt if differs

