



**Authorization Agreement for
Automatic Withdrawal of Funds
ES4476**

Customer # (leave blank if not applicable):		
Last Name:	First Name:	
Address:		
City:	State:	ZIP:

Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3 and must have 9 digits.</i>	Account Number: _____
<p>Routing Number Account Number Check Number</p>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Initial payment date: mm / dd / yyyy _____	Frequency of payment: (please check only one)
Amount of ongoing payment: _____ + \$7.50	<input type="checkbox"/> Monthly on _____ <input type="checkbox"/> Bi-Monthly – on _____ and _____ <input type="checkbox"/> Weekly on _____ <input type="checkbox"/> Biweekly

AGREEMENT

I authorize **American Debt Counseling, Inc.** and **Vanco Services, LLC** to process debit entries from my account. I understand there will be **\$7.50** processing fee for each debit, and a **\$30.00** fee automatically charged to my account for any insufficient funds (NSF). I have attached a voided check or savings deposit slip. **ANY CHANGES TO THIS AGREEMENT WILL REQUIRE FIVE(5) BUSINESS DAYS NOTICE.** This authorization will remain in effect until I give reasonable notification to terminate this authorization or until the last specified payment date.

Authorized Signature: _____ Date: _____

Please staple voided check here.