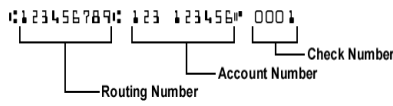


Authorization Agreement for  
Automatic Withdrawal of Funds  
ES7829

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

<b>Routing Number:</b> _____ <i>Valid Routing # must start with 0, 1, 2, or 3 and must have 9 digits.</i> 	<b>Account Number:</b> _____ <input type="checkbox"/> <b>Checking</b> <input type="checkbox"/> <b>Savings</b>
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<b>Initial payment amount: \$ + \$7.50</b>	<b>Initial Payment date:</b> mm____/dd____/yy____
<b>Amount of ongoing payment:</b>  <p style="text-align: right;"><b>+ \$7.50</b></p>	<b>Frequency of payment:</b> (please check only one) <input type="checkbox"/> Monthly on _____ <input type="checkbox"/> Bi-Monthly – on _____ and _____ <input type="checkbox"/> Weekly on _____ <input type="checkbox"/> Biweekly

**AGREEMENT**  
 I authorize **Credit 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.*