



AUTOMATIC CHECKING AUTHORIZATION

I hereby request and authorize the following Automatic Checking Authorization made with DebtFreeAmerica.com:

Client Name(s): _____ SSN: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: (____) _____ - _____

Please (*Check One*) : Debit my Checking Account Savings Account

A current, unsigned, voided check MUST be attached in the box below in order to process.

Attach Voided Check Here

We (I) have selected the Automatic Checking Debit option and authorize DebtFreeAmerica.com to withdraw or "debit" the monthly amount of \$ _____ from the above bank account starting the month of _____. Please check one:

- Please withdraw on the 2nd Please withdraw on the 9th Please withdraw on the 16th Please withdraw on the 22nd
- Please withdraw on the 5th Please withdraw on the 12th Please withdraw on the 19th Please withdraw on the 26th

Termination from Automatic Checking:

DebtFreeAmerica.com will terminate or change debits from our (my) bank account only upon our (my) written request at least **7 days** prior to the next scheduled debit date. We (I) acknowledge that if DebtFreeAmerica.com does not receive that notice in the allotted time, **DebtFreeAmerica.com cannot guarantee** that the Total Monthly Amount will not be debited from our (my) account. Furthermore, due to DebtFreeAmerica.com's Non-Profit status, DebtFreeAmerica.com will not be responsible for overdraft fees caused by automatic debits. Funds debited from our (my) bank account and all other payments made to DebtFreeAmerica.com for payment of the Listed debts will not be returned to us (me) at any time for any purpose. However, funds will be paid to the creditors on the Creditors List to pay or reduce our (my) Listed Debts.

Insufficient Funds:

In the event of insufficient funds the client agrees to immediately submit a money order for the monthly payment plus a \$25.00 NSF charge. Automatic checking will continue the following month.

Holding Period:

We (I) acknowledge that DebtFreeAmerica.com is required to hold all automated checking payments for **3 business days** before disbursing to my (our) listed debtors.

Client Signature _____ **Date:** _____

A Licensed Non Profit Agency

www.DebtFreeAmerica.com