

15720 Brixham Hill Ave. #575  
Charlotte, NC 28277  
[www.knowdebt.org](http://www.knowdebt.org)  
Office: 888-995-7856 / Fax: 866-903-2431

### Payment Authorization

Attorney Name: \_\_\_\_\_

#### Draft Authorization Agreement

I hereby authorize Alliance Credit Counseling to debit my bank account for the amount owed by me, by initialing debit entries to my account indicated below, and I authorize and request my bank or credit card company to accept any debit entries initiated by Alliance Credit Counseling to my account and to charge the same to such account: (choose option 1 or 2)

#### 1. Bank Account Draft

Bank Name: \_\_\_\_\_

Routing number: \_\_\_\_\_ Account#: \_\_\_\_\_

Account Holders name: \_\_\_\_\_

#### 2. Credit/Debit Card Draft

Credit Card Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CCV #: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

- The bank/credit card draft will continue in force as needed until terminated. All drafts for services rendered as needed shall continue until I give written notice to Alliance to terminate drafts/debits.
- Should my bank for any reason not honor a draft, I understand that Alliance Credit Counseling will automatically resubmit the draft for payment. If the draft is not honored on resubmission, the amount of the draft as well as a \$20 service charge will be immediately due and payable to Alliance Credit Counseling.
- I understand that after three unpaid drafts, Alliance Credit Counseling will immediately terminate my account until I have brought all payments up to date.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_