

Client Name \_\_\_\_\_ Client Number \_\_\_\_\_  
 Daytime Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

*Please select your request. I wish to:*

- Change Amount: From \_\_\_\_\_ To \_\_\_\_\_ Effective \_\_\_\_\_  
 Change Draft Date *Select one or two of the following withdrawal dates and specify the dollar amount for each draft. The dates chosen must be between the 1st and 28th of every month.*

1st <input type="checkbox"/> \$ _____	8th <input type="checkbox"/> \$ _____	15th <input type="checkbox"/> \$ _____	22nd <input type="checkbox"/> \$ _____
2nd <input type="checkbox"/> \$ _____	9th <input type="checkbox"/> \$ _____	16th <input type="checkbox"/> \$ _____	23rd <input type="checkbox"/> \$ _____
3rd <input type="checkbox"/> \$ _____	10th <input type="checkbox"/> \$ _____	17th <input type="checkbox"/> \$ _____	24th <input type="checkbox"/> \$ _____
4th <input type="checkbox"/> \$ _____	11th <input type="checkbox"/> \$ _____	18th <input type="checkbox"/> \$ _____	25th <input type="checkbox"/> \$ _____
5th <input type="checkbox"/> \$ _____	12th <input type="checkbox"/> \$ _____	19th <input type="checkbox"/> \$ _____	26th <input type="checkbox"/> \$ _____
6th <input type="checkbox"/> \$ _____	13th <input type="checkbox"/> \$ _____	20th <input type="checkbox"/> \$ _____	27th <input type="checkbox"/> \$ _____
7th <input type="checkbox"/> \$ _____	14th <input type="checkbox"/> \$ _____	21st <input type="checkbox"/> \$ _____	28th <input type="checkbox"/> \$ _____

**If one or more withdrawal dates are selected, the funds may not disburse until a full deposit is in.  
 ADS funds are not guaranteed funds; therefore, may not disburse to your creditors for a minimum of 5 business days.  
 Funds drafted after the 21st of the month will not be disbursed to your creditors until the following month.**

- Change Bank Account Information  
**A BLANK VOIDED CHECK MUST BE ATTACHED**

If your financial institution does not provide savings slips or checks, please attach a letterhead letter from your bank indicating your routing and account number for auto withdrawal. Your request may require a minimum of 20 days to process.

**[Write the word "VOID" on your blank check or savings withdrawal slip and staple it here.]**

Terminate my Auto Draft effective: \_\_\_\_\_

- I am aware that CCCS may drop me from the ADS service if my account has insufficient funds at the time of the withdrawal date(s) listed above and that CCCS may charge a \$25 fee for insufficient funds returned on my account.
- I am aware that any requests for changes, increases or decreases require written notification which must be received by CCCS a minimum of 5 business days prior to the withdrawal date. I am also aware that only 2 changes are allowed in a 6-month period.
- I am aware that I may request one change at no charge. CCCS may assess a handling charge for additional changes that are not initiated by a creditor request or the addition or deletion of a creditor from the plan.
- I will receive notification from CCCS informing me of my start date. If I do not receive this letter 5 days prior to the scheduled withdrawal date, I must contact Client Services at 1-800-251-2227 to verify my ADS status.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail or Fax to 404-653-8896 top copy of completed form to: ADS Dept., CCCS, 100 Edgewood Ave., Suite 1800, Atlanta, GA 30303-3026. Please keep the duplicate (yellow copy) for your records.

White - mail to CCCS      Yellow - client copy