



**Electronic Funds Transfer Authorization  
ACKNOWLEDGEMENT & RECEIPT**

**1st Monthly Payment Date:** \_\_\_\_\_

Inform your Sr. Credit Specialist which monthly program works best within your budget. CreditAllianceGroup™ Fees are included in your monthly payment. Payment Start Date is within 10 Days from date received unless a specific start date is requested. Within 24 to 48 hours after enrollment package has been reviewed and processed, a draft in the amount of \$1.95 will take place to initiate the account that is to be drafted for the duration of the program. The \$1.95 will then be credited to your first full payment.

Financial Institution: \_\_\_\_\_

Routing/ABA #: \_\_\_\_\_

Account Number: \_\_\_\_\_

|   |                     |                     |
|---|---------------------|---------------------|
| NAME<br>ADDRESS<br>CITY, STATE ZIP      |                     | 0123<br>01-23456789 |
| DATE                                    |                     |                     |
| PAY TO THE ORDER OF                     |                     | \$                  |
| BANK NAME<br>ADDRESS<br>CITY, STATE ZIP |                     | DOLLARS             |
| FOR                                     |                     |                     |
| ⑆012345678⑆                             | ⑆01234567890123⑆    | ⑆0123               |
| Bank Routing Number                     | Bank Account Number | Check Number        |

As a duly authorized check signer on the financial institution account identified above, I/We authorize CreditAllianceGroup™ to perform scheduled electronic funds transfer debits from my/our account identified above for monthly payments due, or when applicable, apply electronic funds transfer credits to the same account. This applies to check by phone payments as well as any other electronic payment. For accounting purposes, all electronic debits and/or credits will be reflected in the monthly bank statement that corresponds with the financial institution account identified above.

I/We understand and authorize all of the above as evidenced by my/our signature below.

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

