

Electronic Funds Transfer Registration Form

Please complete this form to enroll in our electronic funds transfer program to make your monthly payments to Cambridge. Once completed and signed, return it to our ACH Department by one of the following methods:

Mail:

Cambridge Credit Counseling
Attn: ACH Department
67 Hunt Street
Agawam, MA 01001

Email:

ACH@cambridgecredit.org

Fax:

(800) 757-1519

Please allow sufficient time for your automatic withdrawals to be established. You will receive confirmation from us indicating when we will begin debiting your account. Until then, please continue to make your monthly payments to Cambridge using one of our other payment options.

Please note that your current payment due date will remain unchanged. The funds will be automatically deducted on that due date every month, unless that date falls on a Saturday, Sunday or holiday, in which case the deduction will be made on the next business day.

If you are already enrolled in our electronic funds transfer program, please be advised that **we require 4-business days prior to your established due date to make any changes**. Please see the reverse side of this application for important notices.

You must complete all fields below

Client Name: _____

Client Number: M _____

Name on bank account: _____

Bank Name: _____

Routing #: _____

Account #: _____

Account Type: ☐ Checking ☐ Savings

Authorized Signature on Account

Date

Reset Form



YOUR NAME _____ DATE _____
Your Address _____
City, State, Zip Code _____

PAY TO THE ORDER OF _____ \$ _____
DOLLARS

BANK NAME _____ AUTHORIZED SIGNATURE _____

0123456789 0001234567890 01234

Bank routing number

Your account number

OFFICE USE ONLY!

C.A.N. _____ 1ST PD: _____

Total Monthly Payment: \$ _____

Please retain a completed copy of this form for your records.

Cancellation Policy

You may cancel your ACH authorization at any time by furnishing Cambridge with written notice of the cancellation by mail, fax or e-mail. You may also have your request verbally recorded by a Cambridge representative. If the cancellation is received prior to four (4) business days of your due date, your ACH will be stopped. Cancellation letters received within four (4) business days before your due date WILL NOT stop your payment from being taken from your account. If you will be continuing with our program, but canceling ACH, this payment will be disbursed to your creditors. If you will be canceling our program, these funds will be refunded to you once they have cleared (3 business days).

The written notice is to be sent to the following address: Cambridge Credit Counseling Corp., ACH Department, 67 Hunt Street, Agawam, MA 01001. It may also be faxed to (800) 757-1519 or e-mailed to ach@cambridgecredit.org. If we do not receive the written cancellation request by your due date, the debited amount will be disbursed to your creditors and will be non-refundable.

Payment Change Policies

No changes or adjustments of any kind (such as payment amount, payment program date) will be made to your account within four (4) business days (not including Saturday, Sundays, and U.S. Postal Service holidays) before your scheduled due date. Any changes to your account may be verbally recorded by a Cambridge representative or be submitted in writing by mailing your request to the following address: Cambridge Credit Counseling Corp., ACH Department, 67 Hunt Street, Agawam, MA 01001. It may also be faxed to (800) 757-1519 or e-mailed to ach@cambridgecredit.org.

If the required monthly payment changes for any reason, this authorization shall be automatically amended to authorize transfer of the new amount per the terms of the Service Agreement pertaining to increases in payment amount. You will be notified at least ten (10) days before your due date.

Changes to Bank Accounts

In the event that you wish to change the account Cambridge debits for ACH, you are required to complete a new Electronic Payment Authorization Form. You can easily access this form at www.cambridgecredit.org, under the Client section. We must receive your new information at least four (4) business days before your due date to make the change.

Any changes to your account can be mailed to the following address:

Cambridge Credit Counseling Corp., ACH Department, 67 Hunt Street, Agawam, MA 01001-1130. Applications may also be e-mailed to ach@cambridgecredit.org, or faxed to (800) 757-1519. Please be advised, you may be asked to mail in the original if copy is not clearly legible.

NSF Policy

Your right to make electronic payments to Cambridge will be automatically revoked after three consecutive incidents where we are unable to collect funds from your checking account.

Account Payoff Policy

In the event that you wish to pay off all of your accounts in full, you must do so in the form of a Money Order or Bank Certified Check, and all future withdrawals from your account will automatically be cancelled. If we receive your payoff within four (4) business days before your due date, your payment will be pulled and returned to you after three (3) business days. If you are only paying off some of your accounts, withdrawals for your normal payment will continue unless you notify us of any changes you would like to make. Please refer to Payment Change Policies on this application.

Extra Payments

In the event that you wish to send more than your scheduled monthly payment, please contact our Customer Care Department for alternative payment options. We are unable to draft extra funds from your bank account.