**Electronic Payment Service (EPS) - Enrollment Form**

Client Name:       Client ID#

Street/PO Box:

City, State, Zip:

Name of Depositor as shown on bank records:

I (we) authorize LSS Financial Counseling to debit my (our) account indicated by the attachment below for my (our) scheduled contract amount of:

**Checking or**  **Savings $      .00**

**CHECK ONE OF THE FOLLOWING WITHDRAWAL DATES:**

**2nd of Each Month (if your due date is the 5th)**

**7th of Each Month (if your due date is the 10th)**

**12th of Each Month (if your due date is the 15th)**

**16th of Each Month (if your due date is the 20th)**

**START MY FIRST EPS WITHDRAWAL IN THE MONTH OF:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please allow a minimum of 25 days for processing)

Note: Please call our Client Service Team if you have questions regarding your due date.

* + - * I have read and understand the enclosed Electronic Payment Service (EPS) Guide.
      * I am aware that LSS Financial Counseling can end my EPS service if my account has insufficient funds or a ‘stop payment’ at the time of any withdrawal date listed above.

Depositor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Co-Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Attach**

**Blank Voided Check (For Checking) -Or-**

**Blank Voided Deposit Slip (For Savings)**

**Here**

EPS E

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Internal Use Only

A

D

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N

**Our Client Service Team can be reached by phone at 800.764.0351**