



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) **12th** of Each Month (if your due date is the 15th)
- 7th** of Each Month (if your due date is the 10th) **16th** of Each Month (if your due date is the 20th)

START MY FIRST EPS WITHDRAWAL IN THE MONTH OF: _____

(Allow a minimum of 25 days for processing)

Call the **DMP Support Team @ 800-764-0351** if you have questions regarding your due date.

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 One of the Following:

- A. Blank Voided Check (For Checking)**
- B. Blank Voided Deposit Slip (For Savings)**
- C. Direct Deposit/ACH letter** from your Financial Institution.**

**Must include Person's Name on Account, Financial Institution's Address, Bank Routing, and Bank Account Number