



# Electronic Payment Service (EPS) — Enrollment Form

Name/Address:

LSS Client ID#

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:**

- 2<sup>nd</sup> of Each Month (if your due date is the 5<sup>th</sup>)
- 7<sup>th</sup> of Each Month (if your due date is the 10<sup>th</sup>)
- 12<sup>th</sup> of Each Month (if your due date is the 15<sup>th</sup>)
- 16<sup>th</sup> of Each Month (if your due date is the 20<sup>th</sup>)

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

(Please allow a minimum of 25 days for processing)

Please call our **DMP Support Team at 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/Automatic Payment Info Form or letter\*\* from your Financial Institution.**  
**\*\*Must include Person's Name on Account, Financial Institution's Address, Bank Routing, and Bank Account Number**

EPS E
Internal Use Only
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**Our DMP Support Team can be reached by phone at 800.764.0351**