



American Association
for Debt Resolution

ELECTRONIC FUNDS AUTHORIZATION FORM

**** Important: Changes to your scheduled fee payments requires a minimum of five (5) business days notice.**

NOTE: Membership Dues Withdrawals are made on or around the 21st of each month

Electronic Funds Transfer Authorization			
Financial Institution:		Branch:	
City:	State:	Zip:	Phone:
Name on Account			
Routing/ ABA#:	Account#:	Account Type: • Checking • Savings <input type="checkbox"/>	
<p>As a duly authorized check signer on the financial institution account identified above I / We authorize the American Association For Debt Resolution™ to perform scheduled electronic funds transfer debits from my / our account identified above for membership 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. Furthermore, if any electronic debit(s) should be returned by my financial institution as Non-Sufficient Funds (NSF), I / We authorize, the American Association For Debt Resolution™ to collect a returned item fee of \$25.00 per item by electronic debit from the account identified above. I / We understand and authorize all of the above as evidenced by my / our signature below.</p>			
Client Signature			Date:
Cosigner Signature (if applicable):			Date:

Person to contact regarding monthly dues:

Name: _____

Email: _____

Phone: _____