

**ONE-TIME ACH
REQUEST FORM**

Addendum to automatic withdrawal form

This form must be in our office FOUR BUSINESS DAYS prior to the date desired for the one-time ACH.

Today's Date: _____ Client ID#: _____

Client Name: _____

Reason for Request: (Mandatory for request to be processed-Select one)

Make-up for an Insufficient Funds for previous ACH Date/Month of NSF: _____
Amount of ACH: \$ _____ Date for one-time ACH: _____
(if no amount is provided, your current Monthly payment amount will be used).

Make-up for a missed or skipped ACH Date/Month of missed ACH: _____
Amount of ACH: \$ _____ Date for one-time ACH: _____
(if no amount is provided, your current Monthly payment amount will be used).

Extra payment (this would be any amount above your normal current monthly payment–Maximum \$300)
Amount of ACH: \$ _____ Date for one-time ACH: _____

Is there a specific account (s) you would like this extra payment applied to? If so, please indicate below:

**Always reference accounts with the name of creditor and last 4-digits of the account number so we can accurately process your request. If no instruction is provided, the amount will be applied to an account(s) with the highest apr and/or lowest balance.*

Please Note:

A \$3.00 processing fee will be added to your one-time ACH transaction amount.

Your regular Monthly ACH payment schedule will resume after this one time ACH is processed.

The bank account currently associated with your client number will be used for this request. If you wish to use a different account, please include a Bank Account Change Form. This form is located on our web-site www.caprocessing.com or you may call our toll free number at (888) 533-3016 and speak to a customer service representative.

By signing this form I am giving Consumers Alliance Processing Corporation the Authorization to do as stated on this form.

Client Signature: _____ **Date:** _____