



ACH DRAFT & PAYMENT DEFERMENT

Name: _____ Client ID #: _____

I hereby request to postpone my payment into the APFSC Debt Management Program as of

Date: _____

I understand that this request is only valid for one (1) month or 30 days, and I must contact APFSC every month after to ensure the request remains valid. **INITIAL:** _____

I hereby acknowledge:

APFSC will stop any future payments (up to 30 days or 1 month) to your creditors, and you acknowledge that APFSC is not responsible for any negative reporting to your creditors or credit bureaus. **INITIAL:** _____

Each creditor decides what is considered a late payment and when to report it to a credit bureau.

INITIAL: _____

In most cases, if your payment is more than 30 days late, the major credit bureaus are notified, meaning the late payment will show up on your credit reports. **INITIAL:** _____

Client acknowledges and agrees that his/her prompt initial payment and monthly on-time payments are a vital part of the debt management program. Should Client's payment not be received within 30 days of its due date, APFSC may, at its sole discretion, deem Client to have defaulted and take such action, as it deems necessary. Should Client default under the payment schedule, he/she shall not be entitled to any refund of any fee or administrative fee paid, and your interest rate could go back to original rate before entering the debt management program according to each individual creditor policy. **INITIAL:** _____

I acknowledge that I must contact all the creditors enrolled in the debt management program to request a deferment. It is at the creditors discretion to allow said deferment. **INITIAL:** _____

X _____ DATE: _____

PRINT NAME: _____

Address: _____ City: _____ State: _____ Zip Code: _____