



Debt Management Plan Agreement

I hereby acknowledge that Consumer Credit Counseling Service of the Savannah Area, Inc. was given an accurate record of my household expenses, credit accounts, and income for the purpose of preparing a proposed budget and debt repayment plan. I am in agreement with CCCS to make any necessary arrangements with my creditors in order to finalize my Debt Management Plan. In consideration for these services for which I am engaging, I authorize CCCS to obtain necessary information from my creditors and that CCCS may disclose any necessary information to any of my creditors, persons, corporations, or firms. Our Debt Management Plans are voluntary programs that serve the dual role of helping you repay your debts and helping creditors to receive any money owed to them.

I agree to deposit with CCCS \$_____ on a monthly basis for disbursement to my creditors on the _____ of each month. I understand that a monthly fee of \$_____ will be deducted from my monthly deposit to help cover the agency's costs of administering my Debt Management Plan. I understand that the estimated length of my Debt Management Plan is _____ months and that additional funds deposited, whenever possible can reduce this plan more quickly. I understand that all deposits, which I make, are fully insured against loss or misappropriation.

I certify that all my credit cards have been returned to the creditor, lost, destroyed, or turned in to the agency for disposal. I voluntarily agree that no further charges will be made on the accounts. I further understand that I will not apply for, nor will I assume any new debts without prior agency approval.

I have also reviewed and agree to follow the "Guidelines for DMP participants."

CCCS has informed me that some of my creditors may discontinue or reduce interest and /or fees charged to my account while I am a client of CCCS, but other creditors will continue to charge the interest rate set forth in my original contract with each individual creditor. I understand that my participation in the Debt Management Plan may affect my credit report favorably or unfavorably according to my creditor's policies, and that CCCS has no responsibility or obligation for any past, present, or future credit rating assigned to me by any of my creditors.

I understand that authorized agency staff or staff agencies with legitimate authority to monitor agency practices may review my confidential file for quality assurance or compliance purposes. If such a review should occur, I understand that the findings will be kept confidential.

This agreement will expire when the Debt Management Plan is completed, or upon receipt of my written withdrawal notice to CCCS, or when discontinued due to non-payment, or if I fail to comply with any other provisions, terms, or conditions of this agreement.

Signature of Client

Signature of Counselor

Signature of Client

Date

You may cancel this contract without penalty or obligation for any reason and at any time by giving ten days written notice of rescission to CCCS. Once your services are canceled, you are entitled to a refund of all unexpended funds you have paid to the credit counseling organization.

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| <input type="checkbox"/> Privacy Policy | <input type="checkbox"/> ECP Authorization |
| <input type="checkbox"/> Proof of Income | <input type="checkbox"/> Account Verification |
| <input type="checkbox"/> Creditor Statements | <input type="checkbox"/> Signed Agreement |