



- 14 Palafox Place, Pensacola, FL 32501
- 913 N Beal Parkway Unit H Fort Walton Beach FL 32547
- 625 highway 231, Panama City FL 32401

- NEW
- CHANGE
- CANCEL

AUTO DEDUCT

CCCS of West Florida, Inc.

Client Name: _____ **Client #** _____

Telephone: _____ **Payment:** _____

Date: _____

All additions, changes, and deletions must be received by CCCS of West Florida, Inc. 10 days prior to the date your account will be drafted.

Beginning the month of _____ please draft my bank account on the **1st or the 15th** (circle one) of each month in the amount of \$_____. If the 1st or the 15th falls on a weekend or holiday, my account will be drafted the next business day.

If my draft rejects for any reason, (NSF, Stop Payment), my ACH draft will be cancelled by CCCS. I realize it will be my responsibility to make up that payment up.

A NSF/Reject fee will be assessed to your account for any returned item. You will be notified by CHECK ASSIST regarding the amount and fees due.

Should I elect to cancel or change my ACH draft at any time, for any reason, it is my responsibility to provide written notification to CCCS at least 10 days prior to the date my account will be drafted. I realize that it is also my responsibility to stop my ACH draft after my account is paid in full. It will not automatically stop and requires my signature to cancel the draft.

Signature of client _____ Date _____

Signature of client _____ Date _____

Signature of counselor/employee _____ Date _____

(DATE RECEIVED BY ACCOUNTING DEPARTMENT _____)

**Please attach a VOIDED check here for account identification
Auto deduct will not be initiated without VOIDED check**