



ACH Debit Authorization Form

The purpose of this form is to authorize Navicore Solutions to charge your account at another financial institution, on a recurring basis, in order to participate in the company's Debt Management Program.

Client Information

Client Name: _____

Client ID #: _____

BANK ACCOUNT INFORMATION

Bank Name: _____

Name on Account: _____

Account Type: Checking Savings

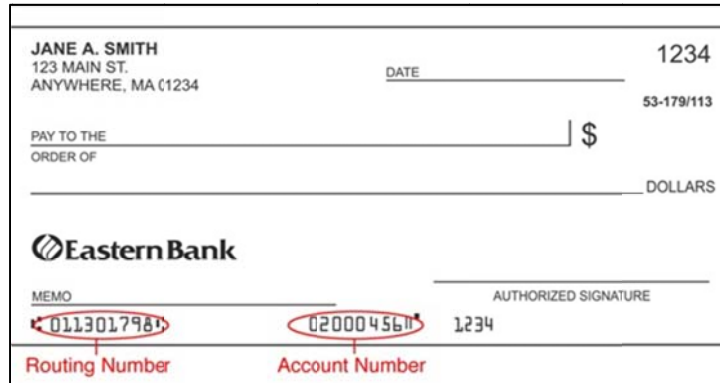
Bank City/State: _____

Routing Number: _____

Account Number: _____

Verify Routing Number: _____

Verify Account Number: _____



Your Current Direct Debit Schedule:

Total Monthly Plan Amount: _____

Payment Cycle Date: _____

Effective Date: _____

Draft Schedule: _____

I (We) hereby authorize Navicore Solutions and named financial institution to initiate debit entries and to initiate, if necessary, correcting debit and/or credit entries for any debit entry made in error to my (our) account indicated above. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority is to remain in effect until Navicore Solutions has received notification in writing from me (us) of its termination in such time and in such manner as to afford Navicore Solutions and the financial institution a reasonable opportunity to act on it.

I (We) have been provided with the ACH Debit Authorization Form - Addendum and accept, acknowledge, and authorize the specific terms and conditions presented.

I (We) agree to indemnify and hold Navicore Solutions, its trustees, officers, and its agents harmless from any costs and damages that may occur from my (our) authorization (s).

Signature: «FIRST_NAME» «LAST_NAME» _____

Date _____



NAVICORE SOLUTIONS

ACH Debit Authorization Form - Addendum

The below terms and conditions are being disclosed to you as they relate to ACH processing for the Debt Management Program. This document is an Addendum to the executed ACH Debit Authorization Form:

1. **NSF Fee** – An amount not to exceed \$10, or an amount permissible by state law, will be charged to your account if funds are not available in your account on the designated debit date. Navicore Solutions will collect this fee from you on your next regularly scheduled draft date.
2. Navicore Solutions reserves the right to terminate your ACH Debit Authorization for any 3 consecutive debit entries that are returned by your authorized financial institution.
3. **Enrollment Fee** – An amount not to exceed \$60, or an amount permissible by state law, will be charged with your first payment if not previously paid by you.
4. **Payment Increase** – An additional amount not to exceed \$25 may be added to your initially disclosed payment if there are any changes to the amount calculated during your counseling session. Generally this occurs when your creditors require that additional funds be applied to your debt management program. This amount will now be considered your normal monthly plan amount. We will provide you with a written notice for any changes that exceed \$25 generally within 10 days before the draft is taken. We may also decrease the initially disclosed payment by any amount in order to meet specific payment amounts required by your creditors.
5. **Permanent Changes** – All permanent changes will require that a new ACH Form be executed by you. You will afford Navicore Solutions and the financial institution a reasonable opportunity to act on it. Generally, Navicore Solutions requires 3 business days prior to your draft date to make the change and will provide you with written notification of the change and the effective date.
6. **Initial Draft Date** – If Navicore Solutions cannot draft the initial ACH Debit by the designated cycle date you authorized Navicore Solutions to draft the payment on the next available cycle date no later than 7 days after your designated cycle date. Changes requested after 7 days will be charged on your next regularly scheduled draft date unless you contact Navicore Solutions to make other payment arrangements.
7. If you participate in a Navicore Solutions Flex Plan and your ACH Form is received after the 1st designated draft date you authorize Navicore Solutions to draft double that amount on your next available Flex draft date. Subsequent payments will be made at your normal payment on designated cycle dates.
8. **One-Time Payment Change** – One-Time changes to your monthly payment to us should be done infrequently. Written or verbal authorization is acceptable and Navicore Solutions will require you to validate your identity prior to making such change. Our client contact # is 1-800-772-4557.
9. Navicore Solutions requires notification 3 business days prior to your scheduled draft date to make the change and will provide you with written notification of the change and the effective date.
10. **Flex Plan** – Navicore Solutions is authorized to divide my monthly payment drafts as discussed during the counseling session. It is understood that Navicore Solutions will disburse funds to creditors with the receipt of the full plan amount after the company's approved hold time. Flex Plans are not available to residents of Wisconsin.
11. **Hold Time** - Navicore Solutions generally holds all funds received for a period no longer than 5-7 days, or longer when permissible by state law, to ensure that all funds have cleared the authorized financial institution.
12. **Non-Business Days** – If the scheduled draft date is a non-business day the draft take place on the next business day.
13. **Signed Form** - Navicore Solutions will provide you with access to a copy of the signed form for your records.