



Payment Due Date Change Agreement

Addendum to automatic withdrawal form

****This form must be in our office no later than FOUR BUSINESS days before the due date****

Dear Client,

You have asked for a payment due date change and Meredian wants you to fully understand the guidelines that are involved, both from you, as well as your creditors. Upon first enrolling in your debt management program, a due date was agreed upon between your creditors and Meredian, as soon as a proposal was accepted. By signing this agreement, you are acknowledging that this change may cause your payments to be received by your creditors late, or past the 30-day payment cycle. A result of a late payment, should your due date not coincide with your agreed upon date, you may experience; fees to be assessed to your account, negative remarks on your credit (remember, Meredian itself does not report to any bureaus) and this may cause you to be dropped from your debt consolidation plan with your creditors. In the event that you are dropped from the program, Meredian will attempt to renegotiate with your creditors. But, please understand that not all creditors may be willing to reinstate you into this program once an account has been dropped. This is the decision of the creditors and not of Meredian.

You fully understand that this is your decision and Meredian will not be responsible for any of the above mentioned issues should any problems arise as a result of your due date being modified at this time.

Should you have any questions please contact us at 1-800-938-0092 between the hours of 8:00 AM – 5:00 PM PST Monday through Friday. You can also email us at support@meredian.com.

Today's Date: _____ Client ID#: _____

Client Name: _____

Reason for Request: _____

Monthly	From:	Bi-Weekly	From:	Bi-Weekly	From:	Weekly	From:
Monthly	To:	Bi-Weekly	To:	Bi-Weekly	To:	Weekly	To:
Mandatory: <input type="checkbox"/> Permanent <input type="checkbox"/> One-Time-Only (regular drafts to resume after one time change)						Effective Date:	

You may return this Agreement via mail or fax to (800) 606-5131.

I have read and understand the terms and possible repercussions printed in this agreement. I understand that if Consumers Alliance Processing Corporation does not receive this form within FOUR business days prior to your schedule debit date, changes will not be effective until the following ACH Debit date.

Client's Signature: _____ Date: _____