



**SOLUTIONS**

# Debt Management Plan Enrollment Instructions



1003 Martin Luther King Drive • Bloomington, IL 61701  
phone: 309.820.3501 • toll-free 1.800.615.3022 • fax 309.820.3506  
[www.chestnut.org/credit](http://www.chestnut.org/credit)



## Directions

| Item / Document Name  | Directions   |
|---|--|
| 3 CCCS CB Report Request Form V2  | Complete section 1, where marked. Initial where marked under section 2 and 3, and sign at the bottom. <b>A copy of your driver's license is also needed for verification.</b>                |
| 4 CCCS ACH AUTH   | If you choose to have your payment withdrawn from your bank account, complete the form, as marked and attach a copy of a voided check for verification of your banking information.          |
| CCCS DMP Appointment Summary  | For you to read and review - Explains how a debt management plan works.  |
| CCCS DMP Agreement - Page 1   | To read.   |
| CCCS DMP Agreement - Page 2   | To read. Need to determine when your payment will be due in our office and mark under paragraph 3. Also, need initials and signature where marked.   |
| CCCS Disclosure statement   | Read and initial lines 1-9, stating you have read and understood each section.   |
| CCCS Complaint Resolution Process   | Explains what you should do if a problem arises with me. It gives you our "Chain of Command" within our organization, so you know who to go to if you ever have an unresolved issue with me. |
| Your Rights as a client of Chestnut Credit Counseling Services <b>(included with your assessment paperwork)</b> | To read and review   |
| Outstanding Debt Page <b>(included with your assessment paperwork)</b>  | For your review  |
| Repayment Schedule <b>(Included with your assessment paperwork)</b>   | For your review - explains probable time to pay off debts. Need interest rates for some creditors as interest rates for those creditors are based on a percentage of current interest rates. |

**In addition, we will need copies of statements, showing the full account number for all of the creditors you wish to have on your debt management plan. Please also submit your enrollment fee with this completed packet.**



**Merchant Credit Reports**

A service of Merchants Credit Information Solutions LLC  
 PO Box 2070, Phoenix, AZ 85001-2070  
 602-774-2700 / 800-966-0576 \* Fax 877-255-6265

**FOR OFFICE USE ONLY**

R# \_\_\_\_\_  
 MOP \_\_\_\_\_  
 By \_\_\_\_\_  
 Date \_\_\_\_\_

**ORDER FORM**

“Credit Professionals Recommends That Everyone Should Monitor Their Credit Reports Frequently”  
 Merchants Credit Report – MCR Credit Reporting Agency – CRA Experian = XPN TransUnion = TU  
 Please check the box next to the Report/Reports you would like to order

**MCR (2 CRA'S) Without Score**

\$ \_\_\_\_ .00 – Choose 2 CRA's

**MCR with Score \***

\$ \_\_\_\_ .00 – 2 CRA's with 2 Scores

\$ \_\_\_\_ .00 – 2 CRA's with 1 Score

**Choose 2 CRA's**

XPN

TU

**Choose which Scores you want (must match MCR)**

XPN

TU

**Standard MCR (1 CRA)**

\$ \_\_\_\_ .00 – Experian

\$ \_\_\_\_ .00 – Experian with Score

\$ \_\_\_\_ .00 – TU

\$ \_\_\_\_ .00 – TU with Score

**Choose 1 CRA**

XPN

TU

**Choose which Score(s) you want (must match MCR)**

XPN

TU

**\*CreditXpert Score is not an actual FICO Score**

**AUTHORIZATION AND IDENTIFYING INFORMATION TO REQUEST A MERCHANTS CREDIT REPORT**

|                  |              |                |                          |                        |               |
|------------------|--------------|----------------|--------------------------|------------------------|---------------|
| _____            | _____        | _____          | _____                    | _____                  | _____         |
| Last Name        | First Name   | Middle Initial | Jr. Sr. II, III, IV      | Social Security Number | Date of Birth |
| _____            | _____        | _____          | _____                    | _____                  | _____         |
| Current Address  | House Number | N/E/W/S        | Street                   | City                   | State         |
| _____            | _____        | _____          | _____                    | _____                  | _____         |
| Previous Address | House Number | N/E/W/S        | Street                   | City                   | State         |
| _____            | _____        | _____          | _____                    | _____                  | _____         |
| Email Address    |              |                | Daytime Telephone Number |                        |               |

Under the Fair Credit Reporting Act (FCRA) any person who knowingly and willfully obtains credit information from a consumer reporting agency under false pretenses or violates any of the provisions of the FCRA may be liable for a civil penalty of not more than \$2,500 per violation. The person, for whom a Merchants Credit Report will be requested, must sign this form.

I certify that I am the person named above and that I am submitting this authorization to receive my consumer credit report for my personal review.

|                      |       |  |
|----------------------|-------|--|
| _____                | _____ | _____                                    |
| Consumer's Signature | Date  | Government Issued ID and Expiration Date |



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**MCR with Score \***

\$ \_\_\_\_ .00 – 2 CRA's with 2 Scores

\$ \_\_\_\_ .00 – 2 CRA's with 1 Score

**Choose 2 CRA's**

XPN

TU

**Choose which Scores you want (must match MCR)**

XPN

TU

**Standard MCR (1 CRA)**

\$ \_\_\_\_ .00 – Experian

\$ \_\_\_\_ .00 – Experian with Score

\$ \_\_\_\_ .00 – TU

\$ \_\_\_\_ .00 – TU with Score

**Choose 1 CRA**

XPN

TU

**Choose which Score(s) you want (must match MCR)**

XPN

TU

**\*CreditXpert Score is not an actual FICO Score**

**AUTHORIZATION AND IDENTIFYING INFORMATION TO REQUEST A MERCHANTS CREDIT REPORT**

|                  |              |                |                     |                          |               |     |
|------------------|--------------|----------------|---------------------|--------------------------|---------------|-----|
| Last Name        | First Name   | Middle Initial | Jr. Sr. II, III, IV | Social Security Number   | Date of Birth |     |
| Current Address  | House Number | N/E/W/S        | Street              | City                     | State         | Zip |
| Previous Address | House Number | N/E/W/S        | Street              | City                     | State         | Zip |
| Email Address    |              |                |                     | Daytime Telephone Number |               |     |

Under the Fair Credit Reporting Act (FCRA) any person who knowingly and willfully obtains credit information from a consumer reporting agency under false pretenses or violates any of the provisions of the FCRA may be liable for a civil penalty of not more than \$2,500 per violation. The person, for whom a Merchants Credit Report will be requested, must sign this form.

I certify that I am the person named above and that I am submitting this authorization to receive my consumer credit report for my personal review.

|                      |      |  |
|----------------------|------|--|
| Consumer's Signature | Date | Government Issued ID and Expiration Date |
|----------------------|------|--|



**AUTHORIZATION FOR ELECTRONIC ENTRIES TO BANK ACCOUNT**

The undersigned hereby authorizes Chestnut Credit Counseling Services-CCCS (the Company) to make electronic debit entries and any necessary adjustments involving these entries in the account identified below at **Commerce Bank**, (the Bank) and authorizes the Bank to accept such entries and make any necessary adjustments. It is agreed that these entries will be made under the Rules of the National Automated Clearing House Association. This authorization will remain in effect until written notice of termination is delivered to the Company in a timely manner so as to afford the Company an opportunity to act thereon. In no event shall such termination be effective as to entries processed prior to receipt of such notice.

**Account Information:**

Bank Name: \_\_\_\_\_

City and State: \_\_\_\_\_

Transit Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Title: \_\_\_\_\_

Email: \_\_\_\_\_  
(Please provide email address if you would like to receive updates when changes are made.)

Signature of Authorizing Party: \_\_\_\_\_

Date: \_\_\_\_\_

**Please attach a voided check or a photocopy of a canceled check below:**

**CCCS only:**

Client number: \_\_\_\_\_

Withdrawal Day: \_\_\_\_\_ Disbursement day: \_\_\_\_\_ Amount:\$ \_\_\_\_\_

**Client Scheduled Start Date:**

Available dates to withdraw. You may choose one of the following or a combination of the following:

| 5th | 10th | 15th | 20th | 26th |
|-----|------|------|------|------|
|-----|------|------|------|------|

Last calendar day of the month

Bi-Weekly – Every other Friday (divide total deposit by 2). There will be twice per year when an extra payment will be withdrawn.

Weekly – Every Friday (divide total deposit by 4). There will be twice per year when an extra payment will be withdrawn.



## ACH POLICY

**ACH (Automated Clearing House) is the process in which money is debited from your checking or savings account electronically. The following is a listing of guidelines to ensure that any changes needing to be made to your already scheduled withdrawals will be made timely and accurately.**

- Changes must be received by CCCS no later than five (5) business days before change is to occur.
- Changes must be submitted in writing, either by letter, fax, or email to CCCS.
- A response to your request will be sent to you upon receipt of your request
- **Changes are subject to discretion of CCCS staff.**
- Specific changes must be listed:
  - Client name and CCCS client number
  - Date of change
  - Bank information including your account number and bank routing number
  - Reason for change
  - Amount of the withdrawal
- Should your withdrawal not be available on your withdrawal date, CCCS will freeze the account for that day (upon receiving proper notification). CCCS will not withdraw the funds on a different date; instead, a cashier's check, money order, or cash must be deposited to the Bloomington office. Thereafter we will resume the regularly scheduled withdrawals from your account unless otherwise noted.
- Should your ACH be returned for NSF (Non-Sufficient Funds) your account will be charged a \$29.00 fee. Any ACH withdrawal that is returned a second time will also be charged a \$29.00 fee and the ACH will be permanently stopped. All future deposits must be made by cashier's check, money order, or cash.

Available dates to withdraw - you may choose one of the following or a combination of the following:

| 5th | 10th | 15th | 20th | 26th |
|-----|------|------|------|------|
|-----|------|------|------|------|

Last calendar day of the month

Bi-Weekly – Every other Friday (divide total deposit by 2). There will be twice per year when an extra payment will be withdrawn)

Weekly – Every Friday (divide total deposit by 4). There will be twice per year when an extra payment will be withdrawn.



## DMP Appointment Summary

### About the Debt Management Plan:

- Debt Management Plans through CCCS are to be used for unsecured debts only.
- Most of the agency funding comes from creditors participating in Debt Management Plans. Since creditors have a financial interest in getting paid, most are willing to make a contribution of up to 15% to help fund the agency. However, your accounts will always be credited 100% of the amount you pay through us, and we will work with all of your creditors regardless of whether or not they contribute to our agency.
- Many creditors reduce the APR and stop late/over-limit fees. However, these concessions may be granted only after the proposal has been accepted and three (3) consecutive payments have been received.
- No new credit –You may be dropped from the DMP if you continue to use old credit cards or undertake new credit responsibilities.
- Creditors may also determine acceptance of the DMP based on recent credit use, age of the account, and whether or not you have enrolled previously in a DMP.
- DMP participation is reflected on your credit report.
- \$40.00 monthly fee - \$40.00 enrollment fee
- One monthly payment – CCCS disburses for each client once per month on the 10<sup>th</sup>, 15<sup>th</sup>, 25<sup>th</sup> or last business day.
- Approximately five (5) years to pay off account balances, depending on your creditors, monthly payments, and interest rates assigned.

### My Responsibilities:

- Check over credit card statements for fees, amounts past due and interest rates. If I see any of these peculiarities, I will first contact my creditor and then CCCS if needed. **I understand that I will receive my statements and not CCCS.**
- Send in payment by due date each month. I understand if my payment is late, incomplete or non-existent, my creditors may charge late fees or terminate my DMP.
- Contact CCCS if I receive paperwork from the creditors that is crucial to the DMP such as creditor change, account number change, accepted proposals, etc.
- Send in copies of statements every three months so CCCS can update my balances. Because the CCCS system does not calculate finance charges, I need to periodically update balances with CCCS. **The correct balance is reflected on my statements and not on CCCS quarterly reports.**
- Pay more than my minimum payment when possible in order to liquidate the debts more quickly.
- Contact CCCS if I move and have a change of address or phone number.
- Cancel all credit protection plans.
- Pay the creditors through CCCS. I will not do check by phone, payoffs on my own, etc.
- Destroy or return to the creditor all credit cards enrolled in the CCCS plan. Any accounts not listed in the debt management plan will be closed.

**I understand that this DMP will only be successful if I want it to be. I must have my payments in full and on time to the CCCS office by my due date. I will contact the creditor and /or credit counselor in a timely manner if I see any concerns. I understand that this is not a “quick fix”, but a program that requires effort and time on my behalf.**

**Chestnut Credit Counseling Services  
(309) 820-3501 or (800) 615-3022**



## AGREEMENT

I/We wish to have Chestnut Health Systems, Inc., Chestnut Credit Counseling Services (CCCS) set up a Debt Management Program (DMP) for me/us. The DMP is the changing of any of my/our debts, obligation, liabilities or credit transactions with the operation of the creditor. It includes, but is not limited to adjustment, compromise, extension, liquidation, modification, payment prorating, rearrangement, satisfaction, and settlement.

I/We understand that all funds deposited to and held in trust by CCCS are my/our property and are to be paid to those creditors indicated by me to CCCS. After enrollment in the DMP, I/we will provide CCCS with a list of all my monthly creditors and the amount owed to each creditor or with a copy of each of my monthly creditor statements. Once deposited in the CCCS Trust Account, and paid to those creditors, the funds will not be returned to me/us.

If I/we fail to make a full monthly payment to CCCS, I/we may be dismissed from the program and CCCS will notify my/our creditors.

I/We may at any time discontinue participation in the DMP by notifying CCCS in writing of my/our wish to do so. I/We understand that CCCS will notify my/our creditors of my/our changes of plans. Creditors may discontinue any concession granted during our participation on the DMP.

I/We recognize that in order for CCCS to establish and maintain my/our DMP it will be necessary for CCCS to furnish certain information concerning my/our financial condition to creditors and others who have a need to know. Therefore, I/we expressly authorize CCCS to: (1) disclose any information concerning my/our financial condition and status, including but not limited to my/our income, debts, credit, earnings, and/or location information to any creditor on the DMP, and to (2) obtain whatever financial information concerning me/us from any of my/our creditors, as CCCS deems necessary. This permission expires upon my discontinuation of services with CCCS or at any time prior to discontinuation with written notice to CCCS.

I/We recognize that CCCS has no responsibility or obligation for any past, present or future credit rating assigned to me/us by any of my/our creditors. Furthermore, I/we understand that CCCS is not responsible for interest, late charges, penalties or other miscellaneous charge by my/our creditors.

I/We give CCCS permission to obtain balances and information regarding my/our account(s) as needed for my/our Debt Management Plan.

I/We affirm that none of our accounts covered under the DMP will be used by anyone while participating in this program. I/We also affirm that all credit cards listed in the DMP have been destroyed or returned to the issuing creditor.

I/We understand that a program enrollment fee of \$40.00 is required to start the program.

I/We understand that a monthly client fee of \$40.00 will be charged to my/our account to help pay for the checks, postage, and stationary to set and maintain my/our program.





I/We understand that CCCS will disburse payments directly to our creditors. Payment due dates are the 5<sup>th</sup>, 10<sup>th</sup>, 20<sup>th</sup> and 26<sup>th</sup>. I/We will select one date and have my/our monthly payment in the Bloomington office by that date. I/We are permitted to pay by money order, cashier's check, or ACH.

My/our regular monthly payment of \$ \_\_\_\_\_ (which includes the client fee) will begin on \_\_\_\_\_ and continue on a regular basis thereafter.

I/We hereby acknowledge that I/we have received, read, understand, and agree to abide by the information given in the following documents: **(Please initial on the line provided for each document.)**

\_\_\_\_\_ DMP Appointment Summary

\_\_\_\_\_ Client Rights

\_\_\_\_\_ Client Complaint Resolution Process / Non-Discrimination Policy

**I understand that if I have any questions regarding my rights of the aforementioned documents, I can contact:**

**Brian Irwin, CCCS Program Manager  
Chestnut Credit Counseling Services  
1003 Martin Luther King Drive  
Bloomington, IL 61701  
(309) 820-3501**

Signed: \_\_\_\_\_  
Client

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Client

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Chestnut Credit Counseling Services



**As an applicant for a Debt Management Plan (DMP), I understand the following: Please initial by lines 1-9 then sign at the bottom stating you have read and understood the following statements.**

- \_\_\_\_\_ 1. Most of our funding comes from voluntary contributions from creditors who participate in Debt Management Plans (DMP). Since creditors have a financial interest in getting paid, most are willing to make a contribution to help fund our agency. These contributions are usually calculated as a percentage of payments you make through your DMP— up to fifteen percent (15%) of each payment received. However, your accounts with your creditors will always be credited with one hundred percent (100%) of the amount you pay through us and we will work with all of your creditors regardless of whether they contribute to our agency.
  
- \_\_\_\_\_ 2. The DMP serves the dual role of helping you repay your debts as well as helping creditors collect the money you owe them.
  
- \_\_\_\_\_ 3. The length of my DMP will depend on my creditors, the monthly payments, and the interest rates assigned. An average time to expect in the program is about 60 months.
  
- \_\_\_\_\_ 4. I understand that all charges and fees made to my accounts by my creditors are my responsibility.
  
- \_\_\_\_\_ 5. This agency does not report to any credit reporting agency. Reports, if any, are made directly by the creditor. In some cases, a DMP may have a negative effect on your credit bureau report.
  
- \_\_\_\_\_ 6. Once I enter a DMP, all payments to creditors listed on the program will be made through Chestnut Credit Counseling Services (CCCS). This includes regular monthly payments, extra payments and early payoffs. I will make no payments directly to the creditors while I am in the program.
  
- \_\_\_\_\_ 7. Payments to my DMP are made monthly. Due dates are the 5<sup>th</sup>, 10<sup>th</sup>, 20<sup>th</sup> and 26<sup>th</sup>. I will select one date and have my monthly payment in the Bloomington office by that date. I am permitted to pay by cash, money order, cashiers check or ACH. If my bank returns my ACH, I understand there is a \$29.00 returned ACH fee. Also if the bank returns my ACH, I will make all future payments in the form of secured funds only (money order or bank check).
  
- \_\_\_\_\_ 8. All creditor statements are my responsibility. While I am enrolled in the DMP, all creditor statements will continue to come to me. I am responsible for notifying creditors of any change of address and verifying that all payments have been properly credited to my accounts. CCCS will not verify with my creditors the accuracy of my statements or my statement balances. I will keep copies of my statements for my records. If I have a question concerning interest charges, late fees, over limit fees, I will call the creditor. I may also send a highlighted copy of the statement, keeping the original for myself, to my counselor for clarification. If my counselor informs me that there is a payment discrepancy in my statement, I am responsible for resolving the discrepancy with my creditor.
  
- \_\_\_\_\_ 9. Every month, I will receive a status report from the Bloomington office. The report will itemize the total amount of funds I paid to CCCS during the previous month indicated on the report, along with the total amount paid from my Trust Account to each of my creditors, the amount of charges deducted from my Trust Account, including client fees, and any amount held in reserve by CCCS. I may also request an itemized summary of my Trust Account activity by sending a request in writing to my counselor at CCCS. CCCS will send the summary to me within seven (7) days of receipt of my request. If balances need to be updated, I will promptly send copies of my statements into the office.

|                     |      |
|---------------------|------|
| Client Signature    | Date |
| Client Signature    | Date |
| Counselor Signature | Date |



## **CLIENT COMPLAINT RESOLUTION PROCESS**

We are committed to providing you with high quality professional services. However, if you are not satisfied with the services provided or if you would like to make a complaint, please consider these guidelines:

1. Try to resolve the issue with the staff member. Please give the staff member specific information about your complaint. A counselor response can be expected within two (2) days.
2. If the issue is not resolved to your satisfaction, write to: Meghan Barnett, Certified Credit Counselor, Chestnut Credit Counseling Services, 1003 Martin Luther King Drive; Bloomington, IL 61701 (Phone contact: 800-615-3022.)
3. A joint meeting with you, Meghan Barnett, and the staff member may be required to resolve the issue. An agency response can be expected within five (5) days.
4. If your issue remains unsolved, you may call or write to Brian Irwin, Credit Counseling Coordinator, Certified Credit Counselor, Chestnut Credit Counseling Services; 1003 Martin Luther King Drive; Bloomington, IL, 61701 (Phone contact: 800-615-3022 or 309-820-3501). A written response can be expected within five (5) days. This response will be maintained in the client file, as applicable.
5. If your issue still remains unsolved, you may appeal to Matt Mollenhauer, Chief Clinical Officer, Chestnut Health Systems; 1003 Martin Luther King Drive; Bloomington, IL, 61701 (Phone contact: 309-820-3501). Mr. Mollenhauer will provide a concluding decision to you within five (5) days.

## **NON-DISCRIMINATION POLICY**

Chestnut Credit Counseling Services, (CCCS), and Chestnut Health Systems, Inc. serve all members of the community. We do not engage in the practice of discrimination in the selection and participation of clients in our program with respect to race, religion, color, gender, national origin, or disability.