BALANCE Electronic Deposit Service (EDS) Enrollment Form

EDS is the easiest way to make your first payment. To sign up, please complete #1-10. We recomment you attach a voided check or savings account statement.

account statement.							
1.	Client Name (Name should match depositor's bank records	s.)					
2.	Bank Name						
3.	EDS can be set up for your first payment. Select below to enroll in this service. We need at least five (5) business days prior to your debit late to process your paperwork. If you do not choose to use EDS for your first payment, please make that payment in the form of a money order or cashier's check.						
	Yes, I want EDS to start with my first payment.						
	No, I do not want EDS to start with my first payment. I will submit a cashier's check or money order.						
4.	hoose one of the following days of the month for the EDS Debit (also called a Disbursement Cycle). If the chosen debit date falls on a eekend or a holiday, the funds will be withdrawn the next business day.						
	O 5th (Cycle 2) O 10th (Cycle 3) O 15th (C	Cycle 4)	20th (C	ycle 5)	25th (C)	/cle 6) C	30th (Cycle 1)
5.	Type of account O Checking O Savings 6. Account number			7. Routing N	lumber		
8.	Verification O I am providing a voided check or savings account statement so that you can verify the information above is correct.						
	O I verify that the above information is correct and I am authorized on this account. I will not provide a voided check or savings account statement.						
	I understand that I will be notified of my first debit by mail and email. Until then, I will send my monthly deposits in the form of a money order or cashier's check.						
	I authorize BALANCE to debit my deposits from my bank account.						
	• I understand that BALANCE will automatically discontinue EDS service if there are two (2) consecutive months where my debit is returned due to insufficient funds or stopped payments. If this happens, you will be required to send money orders or cashier's check for all future deposits.						
	 BALANCE will charge a \$15 special handling fee for any and all returned debits. This amount will be deducted from your bank account within seven (7) days of the insufficient funds transaction and appear as "EDS NSF FEE" on your next statement. (Fee does not apply to Wisconsin, Tennessee, Mississippi, Florida, Kentucky, and Virginia residents.) BALANCE must be notified in advance of any permanent or temporary changes to your monthly deposit at least three (3) business days (during business hours of 8:00am to 5:00pm PST, Monday through Friday) prior to the next scheduled debit date. This will allow us enough time to complete and process all paperwork. 						
I have read and understand the aforementioned guidelines.							
9.	Signature					10. Date	
Cl	ient Name and Address	Effective Date				DMP amo	bunt