

Golden State Debt Management
23844 Hawthorne Blvd. Suite 100
Torrance, CA 90505
Tel: 866-624-4690
Fax: 310-375-1287



Payment Due Date Change Agreement

Addendum to automatic withdrawal form

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

Dear Client,

You have asked for a payment due date change and Golden State Debt Management (GSDM) 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 GSDM, 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, GSDM 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, GSDM 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 GSDM.

You fully understand that this is your decision and Golden State Debt Management 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 1-866-624-4690 between the hours of 8:00 AM – 5:00 PM PST Monday through Friday.

Today's Date: _____ Client ID#: _____

Client Name: _____

Reason for Request: _____

Circle One (mandatory): **One-Time Change** OR **Permanent Change**

Change client's ACH due date: from ____ / ____ / ____ to ____ / ____ / ____

AND (If draft is Bi-Monthly): from ____ / ____ / ____ to ____ / ____ / ____

(Bi-Monthly-Please include both dates)

**Note: Bi-Monthly drafts are paid out after
the full monthly payment is received.**

You may return this Agreement via mail or fax to (800) 398-9317

I have read and understand the terms and possible repercussions printed in this agreement. I understand that if Golden State Debt Management does not receive this form within THREE business days prior to your schedule debit date, changes will not be effective until the following ACH Debit date.

Client's Signature: _____ Date: _____