

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



BANK ACCOUNT CHANGE REQUEST FORM

Addendum to automatic withdrawal form

****This form must be in our office no later than THREE BUSINESS days before the due date****
You may fax this completed form to our Finance Department at (800) 398-9317

Today's Date: _____ Client ID#: _____

Client Name: _____

Please circle one: *Checking Account* *Savings Account*

Bank name: _____

New account #: _____

New routing #: _____ (always 9-digits)

This should be effective to start on (date): _____

By Signing this form I am giving Golden State Debt Management the Authorization to do as stated on this form, and I'm also indicating that 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: _____

Attach a copy of a voided check here.
(No deposit slips)

For savings accounts, please contact your bank for the correct routing number.