

American Credit Alliance, Inc.

A 501(c)3 Non-Profit Organization



PA: Payment Processing and Counseling Center:

2 South Delmorr Avenue, Morrisville, PA. 19067 Tel: (215) 295-7195

NY: Counseling Center: 2 Penn Plaza Suite 1910, NY, NY 10121 Tel: (212) 292-4868

NJ: Counseling Center: 23 South Warren Street, Trenton, NJ 08608 Tel: (609) 393-5400

Email: Info@501plan.org

Website: www.501plan.org

Pre-Approved Application

(Valid For 60 days from date of inquiry)

For immediate setup Fax to: 215-428-6746

For assistance call: 215-295-7195

ACA DOES NOT ACCEPT PERSONAL CHECKS!

Please include \$50.00 Postal Money Order Payable to ACA, Inc. for your Setup Fee and Credit Report.

Application Number:
Counselor:
Counselor Email:
Date Counseled:
Referred By:

Applicant (Please Print):

* Indicates Required Field

*Evening Phone:	*Daytime phone:	Cell Phone:	Email:
*Social Security Number:	*Date Of Birth	*Mother's Maiden Name:	
Employer's Name:	* Occupation:	Housing: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Parents	

The best method to contact me is (Please Check One):

<input type="checkbox"/> Day Phone	<input type="checkbox"/> Evening Phone	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Email
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The best time to contact me is: _____

***This Application Cannot Be Processed Without a Postal Money Order of \$50.00 For The Set Up Fee and Recent Copies of Creditors Statements**

REMEMBER TO COMPLETE THE FOLLOWING:

- ✓ Complete and sign the application
- ✓ Fill in the creditors list
- ✓ Complete financial profile
- ✓ Choose a due date of month to start within 30 days of this application
- ✓ Attach a voided check or copy on the Direct Debit form
- ✓ Complete and sign the direct debit authorization

Licensed Budget Planner, New York State Banking Department (#96-001&99-002) – Toll Free 800.522.3330
Licensed Debt Adjuster, New Jersey Banking Department (#L012135)
Pennsylvania Department of Banking Debt Management Services (\$22743)

American Credit Alliance, Inc.

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2 South Delmorr Avenue, Morrisville, PA 19067

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Creditor List

*** This Application Will Not Be Processed Without A Statement From Each Creditor ***

Name of Creditor	Account Number	Balance	Current Interest Rate	For ACA USE Only	
				Interest Rate ACA	Payment ACA
ACA Monthly Fee:					
				Total:	

Month to Begin Payment	Due Date of Monthly Payment
	<input type="checkbox"/> 1 st <input type="checkbox"/> 8 th <input type="checkbox"/> 15 th <input type="checkbox"/> 24 th

ATTENTION: IF YOUR STATEMENTS ARE MORE THAN 30 DAYS OLD, IT IS IMPERITIVE THAT YOU CALL YOUR CREDITORS TO GET THE MOST RECENT BALANCE. YOU MUST WRITE THE RECENT BALANCE ONTO THE STATEMENT THAT YOU ARE PROVIDING TO AMERICAN CREDIT ALLIANCE, INC. IF YOU DO NOT, IT MAY RESULT IN A MISCALCULATION OF YOUR PAYMENT, WHICH WILL STALL THE BENEFITS OF THE INTEREST RELIEF YOU WOULD BE RECEIVING OTHERWISE. THANK YOU FOR YOUR ATTENTION.


 Revised Joy Franklin - EVP/COO 12/08/09

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Financial Profile

Applicant Name: _____ SSN: _____

What is your reason for seeking Credit Counseling and Debt Management?

- | | | |
|--|---|---|
| <input type="checkbox"/> Poor Money management | <input type="checkbox"/> Reduced Income | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Divorce/Separation | <input type="checkbox"/> Death of Family Member | <input type="checkbox"/> Other (Please specify.)
_____ |

Monthly Income

Income Sources	Weekly	Net Monthly Income
Primary Employment		
Secondary Employment		
Rental Income		
Child Support & Alimony Received		
Interest/Dividends		
Other		
Total Monthly Income:		

Monthly Expenses

Type of Expenses	Outstanding Balance	Monthly
Mortgages & Equity Loans Or Rent		
Total Credit Cards & Unsecured Debts		
Car Loans & Leases		
Installment & Student Loans		
Utilities (Phone, Electric, Oil, Cable, Cell Phone, etc.)		
Child Support & Alimony		
Transportation Expenses		
Childcare		
Insurance (Auto, Life and Health)		
Groceries		
Miscellaneous Expenses		
Total Monthly Expenses:		

Assets

Type of Asset	Current Value
Primary Residence (Current Equity)	
Second Home (Current Equity)	
Equity in Vehicle(s)	
Equity in Whole Life Insurance Policies (not term life)	
Retirement Accounts (IRA, 401 (k), or 403(b) Plan)	
Stocks, Bonds or Mutual funds(non-retirement funds)	
Other/ Miscellaneous High Value Personal Property	
Total Cash Value of Assets:	

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Account Inquiry Authorization

Date: _____
First Name: _____
Last Name: _____
Social Security Number: _____

PLEASE BE ADVISED THAT AMERICAN CREDIT ALLIANCE, INC. HAS MY PERMISSION TO INQUIRE ABOUT MY ACCOUNT, MAKE PAYMENT AND SETTLEMENT ARRANGEMENTS, REQUEST DUE DATE AND ADDRESS UPDATES, AND DISCUSS ACCOUNT STATUS AND BALANCES. UNDER THIS PROGRAM, I HAVE AGREED TO CEASE USING CREDIT FOR DAILY EXPENSES. I HAVE FURTHER AGREED TO REFRAIN FROM APPLYING FOR ADDITIONAL REVOLVING CREDIT FOR THE DURATION OF THE PROGRAM.

THANK YOU IN ADVANCE FOR YOUR PROMPT COOPERATION.

SINCERELY,

Signature of Applicant

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Schedule of Service Fees Effective December 9, 2009

Free Consultation

- Face to Face, By Phone, or Email.

Set up Fee

- \$50.00 (Includes Credit Report, Credit Report Review and Score for your file).

Monthly Maintenance Fee

- Starting at \$30.00 for up to 3 credit cards and \$10 each additional card, not to exceed \$50 monthly.
- Missed Monthly Fee
(Applies when a payment is not received after 30 days of last payment unless a double payment is made the following month).

Direct Debit

- Free Set Up
- \$30.00 NSF (Non Sufficient Funds)

Miscellaneous Fees

- N/A

➤ **By signing I certify that I have read, understood and agreed to the terms as set forth above.**

Please sign, date and make a copy for your records.

Print Name: _____

Date: _____

Signature: _____

SSN: _____

A handwritten signature in cursive script.

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501 Plan Debt Management Program Agreement

1. **I** understand that the application cannot be processed until I review the analysis, budget and the Debt management services ACA will provide me with my certified counselor by telephone, or in person.
2. **I** understand that the application can not be processed until the set up fee is paid in full.
3. **I** will hold ACA Inc., its employees, trustees and agents harmless from any claim, suit action, Demand of creditors, myself or any persons arising out of our application herewith presented.
4. **I** give authorization to ACA to transfer to other creditor/creditors my scheduled payment if the account is paid in full. (Once creditor is paid in full, monthly scheduled payment may be reduced under extreme hardship.) A letter, email or fax should be accompanied for the request. **(This Is Mandatory!)**
5. When a creditor is paid in full, American Credit Alliance, Inc. has my permission to apply my scheduled payment including **ACA fee (\$10)** to the next highest balance/highest interest rate creditor (if 3 creditors or less on the program, my fee will remain at \$30.00 until the liquidation of my total debt). Under hardship: I will write, E-mail or fax a letter to ACA and ask to lower my scheduled payment and ACA Fee instead of rolling it over to the next highest balance/highest interest rate creditor.
6. **I** will not pay creditors directly. Doing so will result in the cancellation of the program.
7. **I** will abide by the advice and recommendations of ACA in order to satisfy my debt obligations.
8. **I will destroy all credit cards and submit them with this application.**
9. **I** understand that if I default, my creditors may revert back to the original terms of my cardholder agreement and it may result in an immediate increase in my interest rate and the assessment of late and over-limit fees.
10. **I** will submit any excess payments to ACA for disbursements to my creditors.
11. **I** will abide by ACA's rules regarding method of **payment, payoffs, add-ons of creditors etc.**
12. **I will only submit payments by: Postal Money Order, Certified Check, MoneyGram or Direct Debit/ACH.**
13. **I will provide written notice by mail, email or fax to ACA if I choose to cancel my enrollment in this program.** In order to prematurely drop/delete from the program, my ACA missed monthly fee(s) and/or NSF fee(s) must be received along with a letter stating my reason for dropping from the plan.
14. **I** understand that I can contact ACA to reactivate my account after 3 missed payments and that a reactivation fee of \$50.00 will apply.
15. **I am aware that ACA does not receive my credit cards statements and that it is my responsibility to open all of my statements and verify that payments are posted, interest is reduced and late fees and over limit fees* are removed.** *When granted by creditor. In the event that there is a discrepancy I will contact ACA immediately.
16. **I understand that "Consumer Credit Counseling" or a similar notation may be added to my credit report by my creditors and that the program may have a negative impact on my credit.**
17. **I** agree that ACA is not liable for any information reported in my credit report at any time.
18. **I** understand that ACA conforms to creditors' criteria and that it may be that a creditor/creditors do not reduce interest rates, waive late fees or over-limit fees.
19. **I** will not apply for any credit lines or accept "Pre-Approved" offers while under the 501 Plan.
20. **I** understand that ACA and/or I can rescind the contract until midnight of the 10th business day after the day of which you Sign the contract
21. **I understand the contract may terminate upon 10 days by written notification without any fees or penalties by either party.**
22. **I understand that in the event that the contract is terminated that I am entitled to a refund of any payments made that have not yet been disbursed to my creditors.**

By signing I certify that I have read, understood and agreed to the terms as set forth above. Please sign, date and make a copy for your records.

Print Name: _____ Signature: _____ Date: _____

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Terms of Service Agreement

By signing below, I hereby authorize, understand and agree to the following:

1. ACA will provide me with on-going free credit counseling & financial literacy materials while I am on the 501 plan.-
2. ACA will plan the liquidation/final satisfaction of my debts with my creditors.
3. ACA will communicate on my behalf with my creditors for the purpose of making payment arrangements, requesting interest and fee schedule adjustments, phone and address changes.
4. ACA may receive certain confidential account information from my creditors that is generally only available directly to accountholders.
5. ACA may discuss any and all transaction activity on my accounts with my creditors.
6. ACA will deposit my payments into a Trust Account at **Wachovia Bank**, 2 South Bridge Street Morrisville, PA 19067 for disbursement to my creditors within 7 business days.
7. ACA may at its sole discretion, discontinue my consolidation program, and provide written notification to each of my creditors of this action if **three payments are missed in any 12 month period**. This clause includes, but is not limited to, ACH (Direct Debit) returned for any reason. If such a default or cancellation should occur, my accounts will be subjected to the creditors standard default terms.
8. ACA may also cancel and terminate my consolidation plan and notify my creditors of such if at any time, I choose to pay / pay-off or settle with a creditor directly.
9. ACA reserves the right to review each case separately to determine if my fees are appropriate.
10. ACA will mail or email a **Quarterly Statement**.
11. ACA may communicate with me via telephone, mail, E-mail and / or fax.
12. ACA does not sell information to third parties. All information is kept strictly confidential by ACA, Inc.
13. **ACA's 501Plan is a not for profit program, and is supported in part by voluntary creditor contributions.**
14. **ACA DOES NOT ACCEPT PERSONAL CHECKS!**
15. **ACA refers all disputes to Upper Management and will attempt to resolve your written dispute within 24 hours.**
Please submit all disputes to: joyfranklin@501plan.org or by fax at 215-428-6746. If you are dissatisfied with our dispute resolution process, we encourage you to contact the PA Dept. of Banking at 1-800-722-2657.

By signing, I certify that I have read, understood and agreed to the terms as set forth above.

Please sign, date and make a copy for your records

Print Name: _____

Date: _____

Address _____

Signature: _____

SSN: _____

Certified Counselor's Name: _____

Counselor's Signature: _____

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Direct Debit (ACH) Authorization

Last Name	First Name	Middle Name

Bank Routing Number	Checking Account Number

Month to Begin Debit	Date of Monthly Debit
	1 st 8 th 15 th 24 th

Amount to be Debited	Social Security Number	ACA Account Number

Please Attach a **Voided Check** Here
(Deposit slips are **NOT** Acceptable)

*** Incomplete Direct Debit Forms Will Not Be Processed ***

1. American Credit Alliance, Inc. (ACA) will assess a \$30.00 fee for ACH payments returned unpaid, due with next payment.
2. If a debit is returned unpaid, ACA will NOT process it again until the following month, therefore a payment must be submitted immediately via another approved payment method.
3. This agreement will become void if two (2) ACH debits are returned to ACA unpaid.
4. ACA will accept a maximum of two direct debit cancellations or "permanent" changes in any twelve (12) month period.
5. Once suspended, ACA is under no obligation to reactivate ACH payment service for your account.
6. ACA will not accept "one time only" changes to ACH dates. You will have to cancel your debit for that month in writing and mail a money order. In the event of a cancellation in writing, your debit will be automatically rescheduled for the following month.
7. All payments in excess of the prescheduled debit amount MUST be made via an alternative payment method.
8. ACA will debit my/our account on the prior / following business day if the date selected falls on a bank holiday or a weekend.
9. Changes of bank or accounts must be submitted, in writing, at least five (5) business days before your payment date.
10. ACA is not responsible for adverse creditor actions due to ACH returns, changes or cancellations.
11. This agreement may be cancelled in writing and with reasonable time to act upon such request, by either party.

➤ **Please sign, date and make a copy for your records.**

Print Name: _____ Signature: _____ Date: _____

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COUNSELING EVALUATION

1. Rate your overall opinion of the Counseling session.

Excellent Good Poor

2. The general length of the Counseling session was:

Adequate Too Long Too Short

3. Was the Counseling session:

a. Helpful? Yes Somewhat No

b. Educational? Yes Somewhat No

4. Did the Counseling Session meet your expectations? If not, please explain:

5. The Counselor was:

a. Knowledgeable Yes Somewhat No

b. Professional Yes Somewhat No

c. Polite Yes Somewhat No

6. Do you have suggestions that might be helpful to the Counselor?

7. Would you recommend a friend to us for help? Yes No

8. Additional comments:

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Privacy Act

Our Commitment to You

American Credit Alliance, Inc. (ACA) is proud to be a financial service organization that has been providing superior services to our customers for more than 15 years. We greatly appreciate the trust that you and thousands of others have placed in us, and we protect that trust by respecting your privacy even when your relationship with us ends.

This Privacy Statement illustrates our commitment to your privacy and explains our privacy practices so you can make an informed decision about who you will allow us to share your information with.

Types of Information We Collect

It is important for you to know that in order to ensure that our customers get the very best and highest quality service, ACA collects demographic information (such as your name, address, and credit information). This information comes either directly from you, your application, your credit or collection statements, or other outside sources such as your credit bureau report.

We Respect Your Privacy

Since some of the information we gather is not publicly available, we take great care to ensure this information is kept safe from unauthorized access. Since ACA respects your privacy and values your trust, the only employees who can view your non-public information are those who use it to service your account. ACA diligently maintains physical, electronic, and procedural safeguards that comply with applicable federal standards to guard your non-public information and to assist us in preventing unauthorized access to that information.

How We Share Information

From time to time, for general business purposes such as calling a creditor to verify the status of your account or for balance verification, we share certain information to confirm the name, address, and social security number of the account holder. The information we share might come from your application, statements, or your credit report. Also, the information we may share include your transactions with us (such as your account number with us, payment history, etc.) American Credit Alliance will never sell your information to any third party and all information is used strictly to service your account. We appreciate the trust and the opportunity to help you become debt free!

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Appendix A: Creditors

At this time, all Credit Card issuers accept the 501 Plan, as long as Creditor Criteria is met. In the event that a Creditor rejects our proposal, we will work with them directly to see if changes can be made to satisfy their requests.

If not, we will notify you immediately.

The 501 Plan cannot accept secured debt, such as:

- **Mortgages**
- **Student Loans**
- **Home Equity Loans**
- **Vehicle & Boat Loans**

These types of debts will not be included in the 501 Plan.

In the event that the Creditor contacts you directly regarding the Rejection of your account, please notify us immediately so that we can discuss any changes necessary for your account.

You may notify us in writing via email or fax:

- **Customersupport@501plan.org**
- **Fax to 215-428-6746**