



## BILLING GUIDELINES FOR CCI CUSTOMERS

- Review/reconcile your CCI invoice and remit full payment on any outstanding balance immediately upon receipt. *Please note that CCI does not post payments by personal check to individual credit reports – they are simply posted against the oldest balances on your account.*
- All checks submitted as payment must be clearly marked with the invoice number or the CCI account number.
- We strongly recommend you keep copies of all checks remitted to CCI.
- Remember, your CCI Agreement allows CCI to charge the credit card on file if your account becomes delinquent.
- Checks returned to us due to insufficient funds will be billed directly back to the company/loan agent account and will include a \$20.00 NSF check fee.
- Complete and fax the ***Easy Pay Option*** to request the credit card of your choice to be automatically charged for your monthly invoice.
- All seriously delinquent User accounts will be reported to any one or all three of the three national credit bureaus.

Thank you for your cooperation.

**Micki Brophy**  
**Accounts Receivable Department**  
**Direct Line: 925.831.6405**  
**Toll Free: 800.954.2266 x225**



# Easy Pay Option

You can request to have the credit card of your choice or bank account automatically charged for your monthly CCI invoice at the time of month convenient for you. **Easy Pay Option** is available now! Just follow the **Easy Steps** below:

## 1. CCI Customer Information

|                   |        |                |       |
|-------------------|--------|----------------|-------|
| CCI Account Name: | _____  | User Name:     | _____ |
| Phone:            | _____  | Email Address: | _____ |
| Send invoice to:  | _____  | City           | _____ |
|                   | Street | St             | Zip   |

## 2. Credit Card Information / ACH Draft Information

|                                |                    |            |                  |          |
|--------------------------------|--------------------|------------|------------------|----------|
| Credit Card Type (circle one): | Visa               | MasterCard | American Express | Discover |
| Credit Card Number:            | _____              | Expires:   | _____            |          |
| Name on Card:                  | _____              |            |                  |          |
| Billing Address For Card:      | _____              |            |                  |          |
|                                | _____              |            |                  |          |
| <b>OR:</b>                     |                    |            |                  |          |
| ACH Bank Draft:                | ABA/Bank Routing # | _____      | Acct#            | _____    |
|                                | Bank Name:         | _____      | Branch           | _____    |

## 3. Time of Month

|  |
|--|
| (Choose one)   |
| <input type="checkbox"/> Charge the credit card or perform ACH draft between the 5 <sup>th</sup> and the 10 <sup>th</sup> of the month.      |
| <input type="checkbox"/> Charge the credit card or perform the ACH draft between the 20 <sup>th</sup> and the 25 <sup>th</sup> of the month. |

## 4. Read and sign the payment agreement

|  |                      |       |
|--|----------------------|-------|
| I/we, the undersigned, authorize and request CCI to charge the credit card or perform the ACH Draft, which is indicated above, for the monthly CCI payment. This authorization relates to all payments required on the CCI account and the related membership agreement. This authorization will remain in effect until all amounts owed are paid in full or until I/we cancel this authorization. To cancel I/we must give CCI 30-days notice in writing. |                      |       |
| _____  | _____                | _____ |
| Cardholder Name (printed)  | Cardholder Signature | Date  |

## 5. Fax this completed form to CCI!

|            |   |   |
|------------|---|---|
| FAX to:    | 800.303.9203  | Attention: Accounts Receivable Department |
| Questions? | Contact Micki Brophy, direct line 925.831.6405 or toll free 800.954.2266 x225 |   |