Account Closure and Balance Refund Request

Electronic Funds Transfer (15 U.S.C. §1693): I hereby acknowledge receipt of notice of the right to stop payment of pre-authorized electronic fund transfers, procedure to initiate such stop payment order, the right to receive documentation of electronic fund transfers, and the Bank's liability pursuant to the Electronic Funds Act found at 15 U.S.C. § 1693, ex el.

I / We, _____, _____ (Client) hereby **Revoke my / our Authorization** for the Recurring Debit to my/our primary bank account and wish to close my account with Debt Pay Gateway ("DPG"). I / we understand that my/our right to place a stop payment exists only as long as I / we request and deliver this written stop payment notice at least three days prior to the scheduled settlement date of the entry. I understand and agree that any custodial account or disbursement fees still owed will be deducted from my account prior to refund.

Debt Settlement Company: _____ DPG Customer ID:_____

I wish to have my account balance refunded via:

[ ] Paper Check - $5.00 fee will apply	**[ ] ACH Credit - no fee**
Payable To:	Bank Name:
Address:	Account Number:
City:	Routing Number:
State / Zip:	Account Type: [ ] Checking [ ] Savings

I agree to release DebtPayGateway, Inc and its officers, directors, agents, and employees from any and all claims, demands, and damages arising out of a dispute between me and my Debt Settlement Company or my creditors.

Client Name(s): _____ _____
Client 1 Client 2

Signature(s): _____ _____
Client 1 Client 2

Date(s): _____ _____
Client 1 Client 2

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