

## SPECIAL PURPOSE ACCOUNT APPLICATION

I hereby apply for and agree to establish a non-interest bearing special purpose account (the "Special Purpose Account") to be administered at a bank selected by Global Client Solutions LLC ("Global") for the purpose of accumulating funds to repay my debts in connection with a debt settlement program (your "Program") sponsored by the organization identified below (the "Sponsor"). I understand that the Special Purpose Account's features, terms, conditions and rules are further described in an Account Agreement and Disclosure Statement that accompanies this Application (the "Agreement") or as published at <http://tinyurl.com/dj6qla>. **I acknowledge that I have received a copy of the Agreement or have viewed the agreement at the website above; that I have read and understand it; that the Agreement is fully incorporated into this Application by reference; and that I am bound by all of its terms and conditions.** I also understand that this Application is subject to a customer identification program, as required by the USA Patriot Act and other applicable laws; and accordingly, I hereby represent that the following information is true and complete to the best of my knowledge and belief. In addition, I understand that I may be required to provide a copy of a driver's license and/or other information from time to time for use in connection with the verification of my identity and the administration of the Account.

### SPECIAL PURPOSE ACCOUNT OWNERSHIP, CONTROL AND USE

I understand that my Special Purpose Account, when established in accordance with this Application, will be my sole and exclusive property; that only I (or Authorized Contact, if any) may authorize deposits to and disbursements from my Special Purpose Account; and that I (or Authorized Contact, if any) may withdraw funds from and/or close my Special Purpose Account at any time as provided for in the Agreement. I hereby authorize (a) periodic deposits to be made to my Special Purpose Account pursuant to the authorization provided below and (b) periodic disbursements to be made from my Special Purpose Account pursuant to instructions that I may give from time to time. In this regard, I hereby authorize payment from my Special Purpose Account of the fees and charges provided for in this Application and the Agreement.

### PERMISSION TO SHARE DATA

I hereby grant permission for the bank selected by Global, Global and the Sponsor to share information regarding my Special Purpose Account and my Program with each other to facilitate the transactions I may initiate that involve my Special Purpose Account, and with any other party that is essential to the administration of my Special Purpose Account and/or my Program. I understand that the Agreement provides additional information relating to privacy.

Applicant: Last Name	First Name	M.I.	Social Security #	Date of Birth (mo/day/yr)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Authorized Contact (optional): Last Name	First Name	M.I.	Social Security #	Date of Birth (mo/day/yr)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State	Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Phone	E-mail address	Mother's Maiden Name (for future ID purposes)		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Sponsor's Name	Sponsor's Global Account Number			
CreditAnswers, LLC	6036335099609180			
Applicant Signature				
<input type="text"/>				

### AUTHORIZATION TO DEBIT BANK ACCOUNT

<b>Financial Institution Information</b>				
Bank Name				
<input type="text"/>				
Address	City	State	Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Routing Number <sup>1</sup>	Account Number <sup>2</sup>			
<input type="text"/>	<input type="text"/>			
<b>Authorizing Person's Information</b>				
Name (as it appears on check)				
<input type="text"/>				
Address (as it appears on check)	City	State	Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Amount of Debit	Date of Debit			
\$ <input type="text"/>	On or after the _____ day of each month until further notice			

I hereby authorize Global to initiate debit entries to my  **checking** or  **savings** account at the financial institution named above (my "Primary Bank Account"), in the amount(s) and on or after the date(s) set forth above, and to debit the same to my Primary Bank Account for the purpose of transferring funds to Applicant's Special Purpose Account. I represent that my Primary Bank Account exists; that I own it; and that I will maintain sufficient funds in it to permit the debits to clear on the applicable dates. I understand that I may incur a charge as set forth in the Schedule of Fees and Charges if any attempted debit is not immediately honored when presented; and that the financial institution providing my Primary Bank Account may also assess a charge if this occurs. In addition, I understand that I may subsequently designate another account for this purpose by contacting Global customer service; that I may also change the corresponding amounts and dates from time to time in that manner; and that the representations I made above about My Primary Bank Account will apply to any other account that I designate.

This authorization shall remain in full force and effect until I give a written termination notice to Global that affords it a reasonable period of time to act on it. Any such notice, and any other written notice that is provided for in this Application or the Agreement, shall be sent to Global customer service at the address set forth in the Agreement. In addition, I understand that Global may terminate this authorization by providing me with a written notice at least ten (10) days prior to the actual termination.

<sup>1</sup>Routing Number is the 9-digit number that appears in bottom left-hand corner of your check.  
<sup>2</sup>Account Number is to the right of the Routing Number and after the check number on your check.

Person Authorizing Global to Debit Account	Date
<input type="text"/>	<input type="text"/>

### SCHEDULE OF FEES AND CHARGES

<b>Program Fees</b> (refer to your Sponsor Agreement)	
<b>Account Setup</b> (one-time fee)	\$9.00
<b>Monthly Service Charge</b>	\$9.85
<b>Transaction and Other Fees</b>	
Premium Deposit Services	
Wire transfer	\$10.00
Dishonored/returned deposit item	\$ 0.00
Premium Disbursement Services	
Wire transfer	\$15.00
2 <sup>nd</sup> Day Delivery (3pm Central Time cutoff)	\$10.00
Overnight delivery (3pm Central Time cutoff)	\$20.00
Stop payment order	\$17.50

### CUSTOMER SERVICE

Global is the customer service agent for all matters relating to your Special Purpose Account. Any other questions relating to your Program should be addressed to your Sponsor. See the Agreement for the Global payment and correspondence addresses, the address of the Global website and the toll-free Global customer service number.

### MONTHLY STATEMENTS

I prefer to receive my monthly statements:

On-line; or

Via U.S. mail (monthly statements will be mailed if neither box is checked)

### FOR OFFICE USE ONLY

<input type="text"/>
GLOBAL CONSUMER ACCOUNT NUMBER
<input type="text"/>
DRC CONSUMER ACCOUNT NUMBER